

Annual Report
to the
General Assembly
of the State of North Carolina
on the
Intensive Family Preservation Services Program
for the 2006-2007 State Fiscal Year

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Executive Summary

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 2006 – 2007 (SFY 2007), based on a five-year history of families served from SFY 2003 through SFY 2007, inclusive, and on a four-year history of follow-up services provided to families. The findings from the analyses of five-year trend data remain very positive, both in terms of achieving legislative intent, and in terms of achieving a variety of positive outcomes for families and children-at-risk of abuse or neglect in North Carolina.

During SFY 2007, 21 IFPS programs offered services in all 100 counties in the state. Services were provided in 71 counties, serving 371 families in which 701 children were at imminent risk of being removed from the home. The number of families served continues to decline, falling another 21% in SFY 2007. The decreasing numbers of families served is likely the result a decrease in funding since 2002, which has occurred in part to align funding with the formula mandated by the Promoting Safe and Stable Families Act. After IFPS services, 23 of the imminent risk children (3%) served in SFY 2007 were not living at home. This represents a placement prevention rate of 95% with respect to families, and 97% with respect to individual children. Changes in family functioning that enabled children and families to remain together safely included improvements in environmental factors, parental capabilities, family interactions, family safety and child well-being. SFY 2007 was the eighth year that the North Carolina Family Assessment Scale (NCFAS), Version 2.0, was used by IFPS programs. The NCFAS V2.0 data are discussed in detail later in this report.

During the past five years, the number of minority children served by IFPS programs has stabilized with half of the population being White, one-third African American, and the

remaining one-fifth (approximately) are other minority races. The increase in service to minority children over the last five years is attributable to the expansion of IFPS programs in counties with a high percentage of minority children in the child welfare population.

Program data has stabilized over the last five years with respect to referral source and primary issues affecting caretakers and children. The changes seen in these data beginning in SFY 2001 were the direct result of the change in eligibility criteria implemented during that year. The number of families referred by DSS increased to 70% in SFY 2001 and has remained fairly constant (ranging from 77% to 85%) over the last five years. Since SFY 2003, the top three primary issues affecting caretakers remain domestic violence, child abuse/neglect, and unemployment. The top three primary issues affecting imminent risk children remain neglect, being undisciplined, and being out of parental control.

IFPS programs continue to demonstrate a very high degree of success in preventing placements, averaging about 94% per year with respect to families, and 95% with respect to individual children, over the last five years. Further, IFPS programs appear to be becoming more effective in preventing placements over time. Ten-year placement trends indicate that placements rates have steadily declined over the last ten years, reaching a record low during SFY 2007 with only 5% of families, or 3% of all imminent risk children, experiencing an out-of-home placement at case closure. Other important 5-year findings suggest that the IFPS program appears to have a significant effect on determining the level of service need for children who are ultimately placed in out-of-home care. Data indicate that children at risk of placement in correctional or psychiatric care at the time of intake into the Juvenile Justice or Mental Health systems often can be served in less costly, less restrictive alternative placements after receiving IFPS. Further, a small number of children at risk of placement into foster care have service

needs identified during the provision of IFPS that result in their receiving mental health services or more restrictive care.

Analyses of data from the North Carolina Family Assessment Scale reveal statistically significant relationships between “strengths” on several domains and placement prevention, and between “problems” on several domains and out-of-home placement. Further, the data indicate convincingly that IFPS interventions are capable of improving family functioning across all the measured domains, and that these improvements in family functioning associated with placement prevention are statistically significantly.

Analysis of the follow-up data reveals that slightly less than half of families that received IFPS over the last four years have received some form of follow-up services for the six month time period following case closure. From the available data it appears that fewer placements are happening during the six months of follow-up than are accounted for in the retrospective study of IFPS (presented in previous years' annual reports.) Although these data indicate that IFPS follow-up services may be reducing the number of child placements in the six months post-closure, there is potentially substantial bias in the sample of families presented in this analysis that preclude drawing firm conclusions from the data. Over time, the number of families in the follow-up services database will increase to the point where this apparent trend can be tested statistically, revealing the extent of the contribution of follow-up services to the goal of reducing the number of placements following IFPS.

Taken as a whole, the evaluation results for the Intensive Family Preservation Services program in North Carolina reveal that:

- ◆ there are significant shifts in family functioning that occur during IFPS that are associated with positive treatment outcomes;

- ◆ placement prevention rates have been increasing over the last ten years, ranging from 87-95% of families, and 89-97% of children over the last ten years;
- ◆ IFPS continues to be a very cost effective program, and yielded a very favorable cost/benefit ratio for SFY 2007 of \$1.00:\$6.79;
- ◆ benefits appear to accrue for families that have received the service (as measured by living arrangements of families, service utilization by families, and their apparent abilities to handle family stress);
- ◆ there has been a steady decline in the number of families served by the IFPS program over the past 5 years, from a high of 614 families in SFY 2003, to 371 in SFY 2007¹; and
- ◆ the proportion of minority children served by the IFPS program has stabilized over the last five years with about half of the total population being minorities.

¹The decreasing numbers of families served is likely the result of a 33% decrease in funding in SFY 2005 and an additional 21% in SFY 2007, which has occurred in part to align funding with the formula mandated by the Promoting Safe and Stable Families Act.

Introduction

This is the fourteenth Annual Report on North Carolina's Intensive Family Preservation Services (IFPS) program that presents data and information about families and children that have participated in the program. It is the eleventh annual report in which data from more than one year are presented, including five-year trend data on the service population. This is the fourth year in which data from IFPS follow-up services are presented. Information about the IFPS program's activities and performance relating specifically to SFY 2007 are also presented.

Data that are presented graphically or in tables represent the most interesting findings from the current year or from past years. There is also a section on Family Functioning, based upon the use of the North Carolina Family Assessment Scale. This report also incorporates the new section on IFPS follow-up services and presents data from the last four years (SFY 2004, SFY 2005, SFY 2006, and SFY 2007) in which these services have been provided to families after case closure.

Data from the IFPS statewide information system are presented that:

- ◆ examine this year's performance of the program,
- ◆ describe the historical trends of the program since its beginning,
- ◆ describe research and evaluation findings that help explain the program's data,
- ◆ examine the long term outcomes of families that have received the services, and
- ◆ discuss the cost effectiveness and cost/benefit of the program.

Review of Program Goals

The goal of North Carolina's Intensive Family Preservation Services Program is to prevent the unnecessary placement of children away from their families by providing intensive, in-home services that result in long term improvements in parents' abilities to care for and protect their children.

The services provided by IFPS programs are intended to meet the following objectives:

- ◆ to stabilize the crisis that places the child at imminent risk of placement;
- ◆ to keep the child, family and community safe by reducing the potential for violence (physical, sexual, emotional/verbal);
- ◆ to keep the child safe from the consequences of neglect;
- ◆ to help families develop skills and resources needed to face and resolve future crises; and,
- ◆ to improve family functioning so that the family's quality of life is improved.

Program Design Includes:

- ◆ Targeting families with children at imminent risk of out of home placement;
- ◆ Time-limited services lasting no more than six weeks;
- ◆ Home-based services where at least half of the face-to-face contact occurs in the family's home or community;
- ◆ Focus on promoting family competence, building on the family's strengths;
- ◆ Culturally competent services demonstrating understanding and respect for cultural and ethnic diversity;
- ◆ Therapeutic and concrete services;
- ◆ Round the clock access to family preservation caseworkers;
- ◆ Caseloads no greater than four families at any given time, and
- ◆ Specially trained and supported family preservation caseworkers.

Placement Prevention as an Outcome Measure

Throughout the report, "placement prevention," or variations of the term, is one of several outcome measures used to discuss IFPS program success. Indeed, the definition of those eligible for IFPS (as expressed in statutes and the Division of Social Services' Policies and Procedures for the IFPS program) is: "...child(ren) at imminent risk of out-of-home placement into the social services, mental health/developmental disabilities/substance abuse services, or juvenile justice system." The prevention of "unnecessary" placements into these systems is a

central philosophical underpinning of IFPS. However, many of these placements have become “unnecessary” only because there are now services (IFPS) that provide an *alternative* to placement in foster care or institutional care.

Having established the desirability of preventing unnecessary placements, it must be recognized that not all placements are preventable, and sometimes placement is in the best interest of the child. Therefore, “*placement prevention*” is not an *entirely satisfactory success statistic*, and it must be viewed within the context of child safety and family functioning. Child safety is the primary concern of all IFPS programs, and family functioning comprises a variety of things (resources, supports, skills, etc.) that enable families to resolve crises and remain together, safely.

Review of Policies and Procedures on Eligibility and Imminent Risk

The policies and procedures for IFPS programs were revised during fiscal year 2001 and effective April 1, 2001, and again in July 2003 effective fiscal year 2004. As part of this revision, objective criteria were established to standardize the definition of imminent risk for each referral source. These criteria include:

DSS Referred Cases

- ◆ There has been a substantiation of abuse, neglect, or dependency, or a finding of in need of services; and
- ◆ There is a rating of “High” or “Intensive” on the DSS Family Risk Assessment or Family Risk Reassessment; or
- ◆ There is a substantiation of abuse regardless of the risk level.

Juvenile Justice Referred Cases

- ◆ There has been adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges; or
- ◆ The juvenile has been placed on Level 2 disposition by the court.

Mental Health Referred Cases

- ◆ The child's treatment team determines that if IFPS were not offered, the child would be referred to a residential or inpatient setting; and
- ◆ A child receives a total CAFAS score of 60 or above, or sub-score of 30 on either the parent/caregiver or the moods/self-harm domain².

Review of Policies and Procedures on IFPS Follow-Up Services

The policies and procedures for IFPS programs were further revised during fiscal year 2003 to include a follow-up component to IFPS services. Beginning in SFY 2004, all IFPS programs are required to track families for 6 months after receiving IFPS services. Workers are instructed to contact families on a monthly basis, and to conduct a more comprehensive assessment of families during the 3rd month and 6th month contacts. The purpose of the follow-up contacts is to ensure that families are receiving the services that they were supposed to receive after IFPS, and to see if additional in-home services are needed.

The monthly follow-up contacts may be made by phone or by visiting the family and having a face-to-face contact with the family. These contacts may be at the worker's initiation, or at the family's initiation. Contact by either mechanism may trigger another provision of IFPS services. IFPS workers can re-open services to the family for a maximum of two weeks and a maximum of two times during the 6 month follow-up period. Workers are expected to document the nature of the contact, the services provided, and are also instructed to complete a modified NCFAS assessment during months 3 and 6.

² During SFY 2006, the Division of Mental Health did not renew its CAFAS license. Currently, numerous assessment tools are being utilized around the state to determine eligibility.

Program Summary for SFY 2007

Number of Families, Caretakers and Children Served

During SFY 2007, 21 IFPS programs provided services to families in 71 counties throughout North Carolina. Table 1 presents a detail of the programs and counties served, as well as the number of families, imminent risk children, total children and caretakers served.

Table 1: Number of Families, Caretakers and Children Served by IFPS Programs During SFY 2007, Listed by Program and County

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Mountain Youth Resources Region 1	Buncombe	2	3	2	2
	Cherokee	3	6	4	9
	Graham	1	1	1	1
	Haywood	6	9	12	12
	Henderson	1	2	1	2
	Jackson	4	7	6	8
	Macon	5	11	4	12
Appalachian Family Innovations Region 2	Avery	1	1	1	1
	Burke	10	13	16	17
	Caldwell	8	13	10	21
	Cleveland	1	1	2	2
	Lincoln	5	8	10	12
	McDowell	1	2	1	1
	Mitchell	3	6	2	6
	Yancey	2	4	2	3
Gaston County DSS—Region 2	Gaston	26	40	54	57
Methodist Home—Region 9	Pitt	6	6	6	6
CADA Families in Focus—Region 9	Northampton	2	2	4	4
Family Connections—Region 5	Person	5	9	12	15
	Vance	2	2	3	3
Catawba County DSS—Region 3	Catawba	17	28	28	38
Appalachian Family Innovations Region 3	Alexander	1	1	2	2
	Iredell	13	23	28	41

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE- TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Rainbow Center—Region 3	Ashe	2	3	2	5
	Watauga	1	1	3	4
	Wilkes	2	3	1	2
Youth Homes—Region 3	Mecklenburg	25	37	63	78
Exchange SCAN—Region 4	Davie	2	3	9	9
	Forsyth	6	8	17	17
	Rockingham	12	17	20	24
	Stokes	6	10	7	7
	Surry	1	2	3	3
Piedmont Behavioral (Daymark) Region 4	Cabarrus	8	14	17	18
	Davidson	2	6	6	6
	Rowan	1	2	1	1
	Stanly	2	5	2	2
	Union	1	1	4	5
Family Services of the Piedmont Region 5	Guilford	14	21	46	46
Youth Focus—Region 5	Guilford	8	13	16	23
Methodist Home—Region 8	Greene	1	2	3	3
	Johnston	8	11	18	25
	Wayne	14	24	21	37
	Wilson	1	1	3	3
Martin County Community Action Region 9	Chowan	3	3	5	5
	Gates	2	3	4	4
	Hertford	2	3	2	2
	Pasquotank	1	1	1	3
	Perquimans	1	1	1	5
Methodist Home—Region 10	Beaufort	23	34	31	32
	Craven	6	9	10	11
	Dare	4	5	6	6
	Jones	1	2	2	3
	Lenoir	1	1	3	3
	Washington	1	1	1	1

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE- TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Martin County Community Action Region 7	Bladen	10	13	9	15
	Brunswick	8	11	17	20
	Columbus	1	1	1	1
	Cumberland	11	16	20	26
	Harnett	1	2	2	2
	Robeson	1	1	1	1
	Sampson	2	2	4	5
CADA Families in Focus—Region 8	Edgecombe	2	2	3	8
	Halifax	4	7	7	10
	Nash	2	3	2	10
Raleigh FRC—Region 6	Chatham	4	7	9	11
	Durham	7	13	17	21
	Franklin	1	2	2	2
	Hoke	1	2	3	8
	Richmond	5	9	12	13
	Scotland	5	8	15	18
	Wake	9	14	27	27
Family Center of Alamance Region 5	Alamance	10	17	11	16
Totals		371	575	701	882

During SFY 2007, a total of 371 families received services that ended before July 1, 2007. This represents a 21% decrease from the number of families served in SFY 2006 (N=472). There were 701 imminent risk children identified in these families, among a total of 882 children in the families; 575 caretakers were served directly by the programs.

Referral Information

Table 2 presents information collected at the time the case is referred to IFPS for service. The majority of referrals came from DSS (85%), followed by Mental Health (6%) and Juvenile

Justice (10%)³. The average response time from referral to the first visit to the family by an IFPS worker was 1.96 days.

Table 2: Referral Information for Families Served by IFPS Programs

Referral Information (N=371)	Number	Percent
Referral Source		
DSS	312	84.8%
MH/DD/SAS	21	5.7%
Juvenile Justice	35	9.5%
Average Number of Days from Referral to First Home Visit	1.96	
DSS Referred Families		
Type of Finding		
Substantiation	200	64.1%
In Need Finding	110	35.3%
Neither Indicated	2	0.6%
Risk Assessment Rating for Families with Substantiation		
Low	0	0.0%
Medium	4	2.0%
High	172	86.0%
Intensive	24	12.0%
Risk Assessment Rating for Families with In Need Finding		
Low	0	0.0%
Medium	3	2.7%
High	94	85.5%
Intensive	13	11.8%
Average Number of Days from Substantiation to IFPS Referral	97.07	
Average Number of Days from In Need Finding to IFPS Referral	58.18	

Eligibility criteria require that DSS referred cases have a substantiation of abuse regardless of risk level; or a substantiation of neglect, dependency, or a finding of in need of services and a “high” or “intensive” rating on the Family Risk Assessment Factor Worksheet completed by the DSS assessment worker. In SFY 2007, 64% of DSS referred cases were reported to have had a substantiation of abuse and/or neglect. The majority (98%) of these families had a “high” or “intensive” rating on the family risk assessment. One third (35%) of

³ The number of referrals do not add to 371 as a result of missing information for 3 families.

DSS referred cases were reported to have had a finding of in need of services. The majority (97%) of these families had a “high” or “intensive” rating on the family risk assessment. The average length of time from the DSS substantiation of abuse and/or neglect to the referral for IFPS services was 97.07 days. The average length of time from the DSS finding of “in need of services” to the referral to IFPS services was 58.18 days. The delay in referral to IFPS can most likely be attributed to the policy which states that workers have tried “alternative, less intensive intervention strategies [have been tried] without success or considered but determined not to be in the best interest of the family or at-risk youth”.

Family Information

Table 3 presents information collected about families at case opening. Four percent of families served in SFY 2007 had received IFPS previously. Lack of financial resources was indicated as causing significant family stress in 36% of families; these families did not have incomes sufficient to meet their basic needs. The majority of families (83%) were indicated as currently or previously receiving public assistance. Over three-fifths (63%) of families currently or previously received Medicaid, 45% food stamps, 22% SSI, and 21% WIC. Presently, 78% of families served are receiving services from social services, 40% are receiving mental health services, 13% are receiving services from juvenile justice or corrections, and 11% are receiving substance abuse services.

In spite of these issues, in the majority (83%) of families IFPS workers were able to identify at least one caretaker who was eager to keep the family together, and who displayed various strengths that were used as the foundation of the IFPS worker’s intervention plan. Caseworkers were able to identify an average of 10 family strengths per family that would aid in the intervention plan.

Table 3: Family Information at Case Opening

Family Information (N=371)	Number	Percent
Families that Previously Received IFPS	14	4.3%
Families Without Sufficient Income to Cover Basic Needs	99	36.0%
Families Ever Receiving/Currently Receiving Public Assistance	238	83.2%
Medicaid	232	63.0%
Food Stamps	166	45.1%
SSI	81	22.0%
WIC	77	20.9%
Housing Assistance	49	13.3%
TANF	39	10.6%
Other Assistance	20	5.4%
Transportation	19	5.2%
General Assistance	7	1.9%
Service Systems Families are Presently Receiving Services From		
Social Services	290	78.2%
Mental Health Services	147	39.6%
Juvenile Justice/Corrections Services	48	12.9%
Substance Abuse Services	39	10.5%
Developmental Disabilities	16	4.3%
Other Service System Services	14	3.8%
Strengths Identified in 50% or More of Families at Case Opening		
Eager to keep family together	306	83.2%
Verbal	265	72.0%
Pleasant	231	62.8%
Responsive	208	56.5%
Orderly/Neat in home and person	196	53.3%
Caring	194	52.7%
Receptive	193	52.4%
Average Number of Strengths Identified per Family	9.80	

Caretaker Demographics

In SFY 2007, 575 caretakers were living in the homes of the 371 families served by the IFPS programs. Table 4 presents demographic information for these caretakers. The average age of the caretakers served by the program was 34 years old. Two-fifths (42%) of the caretakers were 30 years old or less, one-quarter (26%) were over the age of 40, and the remaining 32% were between 31 and 40 years old. Two-thirds (68%) of caretakers living in the home were female. The majority of caretakers were White (64%), 29% were African American,

and 7% were of other minority races. Only 36% of caretakers were employed in full-time work and an

Table 4: Demographics of Caretakers Living in the Home

Demographics of Caretakers Living in the Home (N=575)	Number	Percent
Age		
Average Age	34.41	
18 – 24	87	16.8%
25 – 30	129	24.9%
31 – 40	168	32.4%
41 – 50	95	18.3%
51 – 60	27	5.2%
Over 60	12	2.3%
Gender		
Female	368	67.5%
Male	177	32.5%
Race		
White	350	63.6%
African American	160	29.1%
Other	40	7.3%
Working Full-Time	208	36.2%
Working Part-Time	57	9.9%
Unemployed	207	36.0%
Unemployed—Homemaker	31	5.4%
Unemployed—Disabled	44	7.7%
Educational Status		
Less than 10 th grade	29	7.0%
10 th – 12 th grade	115	27.6%
High school/GED	185	44.4%
Some college or more	88	21.1%
Areas of Concern		
Unemployment	194	33.7%
Domestic violence	170	29.6%
Child abuse/neglect	114	19.8%
Other drug abuse	112	19.5%
Mental illness	94	16.3%
Other concern	80	13.9%
Teenage parent	69	12.0%
Grief/loss	69	12.0%
Temporary/permanent absence of parent or other caregiver	68	11.8%
History of teenage child bearing	66	11.5%
Alcohol abuse	65	11.3%
History of other abuse as child	55	9.6%
Physical/chronic illness	52	9.0%
History of sexual abuse as child	51	8.9%
Developmental disability	31	5.4%

Physical disability	27	4.7%
Incarceration in jail or prison	20	3.5%
Average Number of Concerns Identified per Caretaker	2.33	

equal percentage (36%) of caretakers were unemployed and in need of work. Ten percent of caretakers were employed part-time. One-third (35%) of all caretakers had less than a high school diploma. IFPS workers identified an average of 2 areas of concern for caretakers. The top two areas of concern included unemployment (34%) and domestic violence (30%). Other areas of concern identified in 10% to 20% of caretakers included child abuse/neglect (20%), other drug abuse (20%), mental illness (16%), other concerns not listed (14%), being a teenage parent (12%), experiencing grief or loss (12%), a temporary or permanent absence of a parent or other caregiver (12%), a history of teenage child bearing (12%), and alcohol abuse (11%).

Imminent Risk Child Demographics

In SFY 2007, 701 children were identified as being at imminent risk of out-of-home placement from among the 371 families served by the IFPS programs. Table 5 presents demographic information on the children at imminent risk of out-of-home placement. The average age of the imminent risk child was about 8 years old. One-quarter (25%) of imminent risk children were between ages 13 and 17. Forty-eight percent of the imminent risk children were female and 52% were male. Less than half (48%) of the children were White and 36% were African American. Other minority children represented 16% of the imminent risk children served. The large majority of children (92%) were at risk of a Social Services placement. Another 2% were at-risk of a Mental Health placement, 6% were at-risk of a Juvenile Justice placement, and 1% were at risk of a private placement. These numbers have changed substantially over the years, including larger numbers of DSS children, annually.

IFPS workers identified an average of 2 areas of concern for each imminent risk child.

The top two areas of concern included neglect (52%) and other concerns not listed (26%). Other areas of concern identified in 10% to 20% of imminent risk children included being out of parental control (19%), being undisciplined (17%), currently taking medication (14%), and experiencing grief or loss (11%).

Table 5: Demographics of Imminent Risk Children

Demographics of Imminent Risk Children (N=701)		Number	Percent
Age			
Average Age		7.78	
0 – 5		262	37.7%
6 – 12		262	37.7%
13 – 15		130	18.7%
16 – 17		41	5.9%
Gender			
Female		333	47.6%
Male		367	52.4%
Race			
White		339	48.4%
African American		251	35.8%
Other		111	15.8%
Risk of System Placement			
Social Services		639	91.8%
Mental Health		13	1.9%
Juvenile Justice		40	5.7%
Private Placement		4	0.6%
Areas of Concern			
Neglect		367	52.4%
Other concern		183	26.1%
Out of parental control		131	18.7%
Undisciplined		120	17.1%
Taking medication		98	14.0%
Grief/loss		79	11.3%
Physical abuse		54	7.7%
Other drug abuse		48	6.8%
Emotional abuse		44	6.3%
Learning disability		43	6.1%
Delinquency		43	6.1%
Alcohol abuse		40	5.7%
Truancy		38	5.4%
Developmental disability		36	5.1%
Inappropriate sexual behavior		31	4.4%
Sexual abuse		27	3.9%
Behavioral disability		27	3.9%
Runaway		16	2.3%

Emotional disability	14	2.0%
BEH	11	1.6%
Suicidal behavior	10	1.4%
Physical disability	8	1.1%
Average Number of Concerns Identified per Imminent Risk Child	2.09	

The revised IFPS Policies and Procedures detail specific imminent risk criteria for each type of referral source. Table 6 presents summary information on the imminent risk criteria for children at imminent risk of out-of-home placement. From the data available in SFY 2007, the majority of imminent risk children (91%) were referred from a DSS referral source. Most (83%) DSS referred imminent risk children had neglect as the primary type of maltreatment.

Table 6: Imminent Risk Criteria for Imminent Risk Children by Referral Source

Imminent Risk Criteria (N=701)	Number	Percent
DSS Referred IR Children	634	90.8%
DSS Maltreatment Type		
Physical/Emotional/Sexual Abuse	81	17.1%
Neglect	393	82.7%
Delinquent	1	0.2%
Mental Health Referred IR Children	27	3.9%
Average CAFAS Score	70	
When CAFAS <60, which domain had sub-score of 30		
Parent/Caregiver	0	0.0%
Moods/Self-Harm	0	0.0%
Juvenile Justice Referred IR Children	37	5.3%
Type of Adjudication		
Undisciplined	12	32.4%
Delinquent	25	67.6%
If Delinquent, Most Serious Offense		
Violent	3	15.0%
Serious	4	20.0%
Minor	13	65.0%
Other Criteria (could mark more than 1)		
Violated Supervision/Probation	19	51.4%
New Charges Filed	11	29.7%
Placed on Level 2 Disposition	13	35.1%

Mental health referred 4% of imminent risk children served. The average CAFAS score for these children was 70. All children had a CAFAS score over the required minimum total score of 60. The remaining 5% of imminent risk children were referred for services from

juvenile justice agencies. The majority (68%) of these children were adjudicated delinquent and the remaining 32% were adjudicated undisciplined. For those imminent risk children adjudicated delinquents, 15% committed a violent offense, 20% committed a serious offense, and 65% committed a minor offense. Half (51%) of juvenile justice referred imminent risk children had violated supervision or probation, nearly one-third (30%) had new charges filed against them and one-third (35%) had been placed on level 2 disposition. These data indicate a high degree of compliance with the new IFPS eligibility criteria implemented in SFY 2001.

Service Delivery Information

Table 7 presents regularly collected service delivery information from the 371 families served in SFY 2007. Workers averaged 63 hours of service to each of the families during the typical 6-week service period. About 28 hours, on average, were spent in face-to-face contact with the family. About 12 hours were devoted to client-related travel, 9 hours to administrative tasks and record keeping, and about 14 hours to a combination of case management activities (including telephone contact, conversations with “collaterals,” supervision, court time, etc.).

Table 3 reported that 36% of families were experiencing financial hardship and did not have enough money to cover the basic needs of the family. In SFY 2007, IFPS programs provided monetary assistance totaling \$14,824 to 19% of all families served to alleviate emergency crises and stabilize the living situation. This amount averaged \$212 per family receiving monetary assistance.

Table 7: Service Delivery Information

Service Delivery Information (N=371)	Number	Percent
Average Number of Hours of:		
Face to Face Contact	28.49	
Telephone Contact	3.52	
Collateral Contact	4.16	
Client Related Travel	12.02	
Supervision	5.20	
Administrative/Record Keeping	9.32	
Miscellaneous Contact	0.68	
Average Number of Hours of All Case Related Activities	63.39	
Families in Need of Monetary Assistance	71	19.5%
Families Provided Monetary Assistance (of those who needed)	70	98.6%
Total Dollars Families Needed	\$12,145.20	
Total Dollars Families Provided	\$14,823.73	
Average Dollars Provided per Family in Need	\$211.77	

Closure Information

Table 8 presents information collected about families served at the time of case closure. IFPS cases lasted an average of 39.2 days (5.6 weeks). The majority of cases (82%) were closed successfully when services were completed. Another 8% of cases were closed because the family withdrew or was consistently uncooperative. Five percent of cases were closed because either the child moved to live with a relative or family friend (still considered a “home” placement) or the family moved or left the jurisdiction. The remaining 5% of cases were closed due to child placement or the risk to the children was too high. A total of 17 families (5%, and 3% of all imminent risk children) experienced the placement of an imminent risk child or children. In the judgement of IFPS workers, sufficient progress was made during the IFPS intervention to permit the children to remain at home in 95% of the families. However, 84% of families were referred to other services at the time IFPS services ended to continue to work on issues after the precipitating crisis was stabilized and risks to the child(ren) sufficiently reduced.

Table 8: Case Closure Information

Case Closure Information (N=371 families, N=701 IR children)	Number	Percent
Average Number of Days from Referral to Closure	39.20	
Reason Case was Closed		
Services Completed/Service Period Ended	300	81.7%
Family Withdrew/Consistently Uncooperative	30	8.2%
Child Placed	16	4.4%
Child Moved (to live with relative/family friend)	12	3.3%
Family Moved/Left Jurisdiction	7	1.9%
Risk to Children Too High	1	0.3%
Other Reason	1	0.3%
Imminent Risk Child Living Situation at Closure		
Home	610	88.2%
Relative	50	7.2%
Family Friend	9	1.3%
Social Services	12	1.7%
Mental Health	4	0.6%
Juvenile Justice	3	0.4%
Private Placement	2	0.3%
Other Placement	2	0.3%
Imminent Risk Children Experiencing an Out-of-Home Placement at Closure	23	3.3%
Families Experiencing an Out-of-Home Placement of 1+ Imminent Risk Child(ren)	17	4.6%
Families Referred for Other Services at Closure	293	83.7%

Families Not Accepted/Appropriate for IFPS

Each year many families are referred for IFPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for IFPS. Table 9 presents summary information about these families. In SFY 2007, at least 210 families and 472 imminent risk children were referred for IFPS and not served. The majority of referrals (90%) came from county Department of Social Services. One-quarter (27%) of families were denied services because caseloads were full, and 23% were not served because the family was not willing to participate in services. Twenty percent of families did not meet referral system eligibility criteria for services. Half (52%) of families that did not receive services were White, 28% were African American, and 21% were other minorities.

Table 9: Families Not Accepted/Appropriate for IFPS

Families Not Accepted/Appropriate for IFPS	Number	Percent
Number of Families Referred, but Not Served	210	
Reason Families Not Accepted/Appropriate for IFPS		
Caseloads Full	55	27.2%
Unable to Locate within 48 Hours	20	9.9%
Risk too High	7	3.5%
Did Not Meet Referral System Eligibility Criteria	39	19.3%
Family Not Willing to Participate	46	22.8%
Other Reason	35	17.3%
Agency from Which Family Was Referred		
DSS	187	89.9%
Mental Health	2	1.0%
Juvenile Justice	15	7.2%
Other Source	4	1.9%
Total Number of Imminent Risk Children Referred and Not Served	472	
Average Number of Imminent Risk Children per Family Referred and Not Served	2.29	
Family Race		
White	79	51.6%
African American	42	27.5%
Other	32	20.9%

Five Year Trend Analysis

Since the enactment of Senate Bill 141 of the Family Preservation Act of 1991, North Carolina's IFPS providers have served thousands of families. The automated IFPS case record and management information system was implemented in January 1994, has undergone 3 major programmatic changes, and now is a web-based application (implemented during SFY 2007). This case record system now contains detailed information on 7,662 families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 13.5 years. Findings in this section, unless specifically noted otherwise, relate to the total population of families served in the last five years, SFY 2003 through SFY 2007.

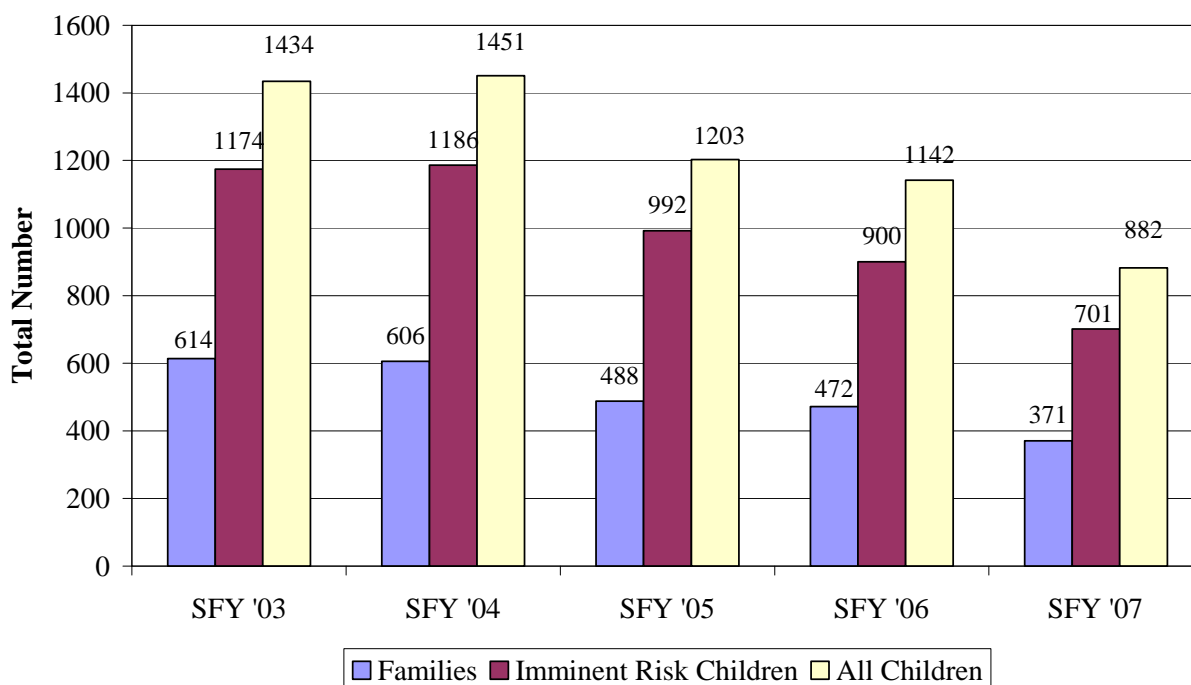
Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to IFPS programs, policy executives and the legislature. These analyses also present positive changes to the program where administrative attention has focused on program development.

Number of Families, Caretakers and Children Served

The number of programs offering IFPS services has slowly declined over the last several years, however, with expansion efforts throughout the last several years, the number of counties offering services has steadily increased from 48 in SFY 2003 to all 100 counties beginning in SFY 2005. In SFY 2007, 21 programs served families in 71 of North Carolina's 100 counties. Figure 1 presents the number of families, imminent risk children, and total children served annually for the last five years by IFPS programs. The program has served an average of 510 families per year (from a low of 371 families in SFY 2007 to a high of 614 families in SFY

2003). The number of families served has decreased steadily over the last five years despite the fact that services are now offered throughout the state.

Figure 1. Number of Families, Imminent Risk Children and Total Children Served by IFPS Programs



Several factors have contributed to the decreasing number of families served, the most significant of which is a reduction in funding. Federal funding is provided to North Carolina for IFPS programs through the Promoting Safe and Stable Families Act (PSSF). PSSF mandates that the total grant be allocated equally among Family Preservation Services, Family Resource Centers, Time Limited Reunification Services, Adoption Promotion and Support Services, and Administrative Costs. In an effort to meet PSSF requirements, the IFPS funding was reduced 33% in SFY 2005 to meet the appropriate funding percentages. In SFY 2007, the total statewide

allocation for IFPS decreased again by 21%. Table 10 details the total statewide allocation for IFPS over the last five years.

Table 10. Total Number of IFPS Families Served and Statewide Allocation per Year, SFY 2003 through SFY 2007

	2003	2004	2005	2006	2007
Number of Families Served	614	606	488	472	371
Total Statewide Allocation	\$3,882,876	\$4,133,260	\$2,771,653	\$2,822,215	\$ 2,234,864

Several other factors likely contributed to a smaller number of families being served during particular years. For example, in SFY 2003 the state budget was not passed until the fall of that year. Several IFPS programs received a large part of their funding in state dollars, and these funds could not be allocated until the budget was passed. Therefore these programs could not operate at full capacity until the budget was passed. Some workers had also found other positions after being laid off and it took time to fill those vacated positions and train new workers once the budget was passed. In order to prevent this from occurring in the future, the Division divided state and federal monies equally among programs, so that the current state dollars only account for approximately 22% of a particular IFPS program's funding.

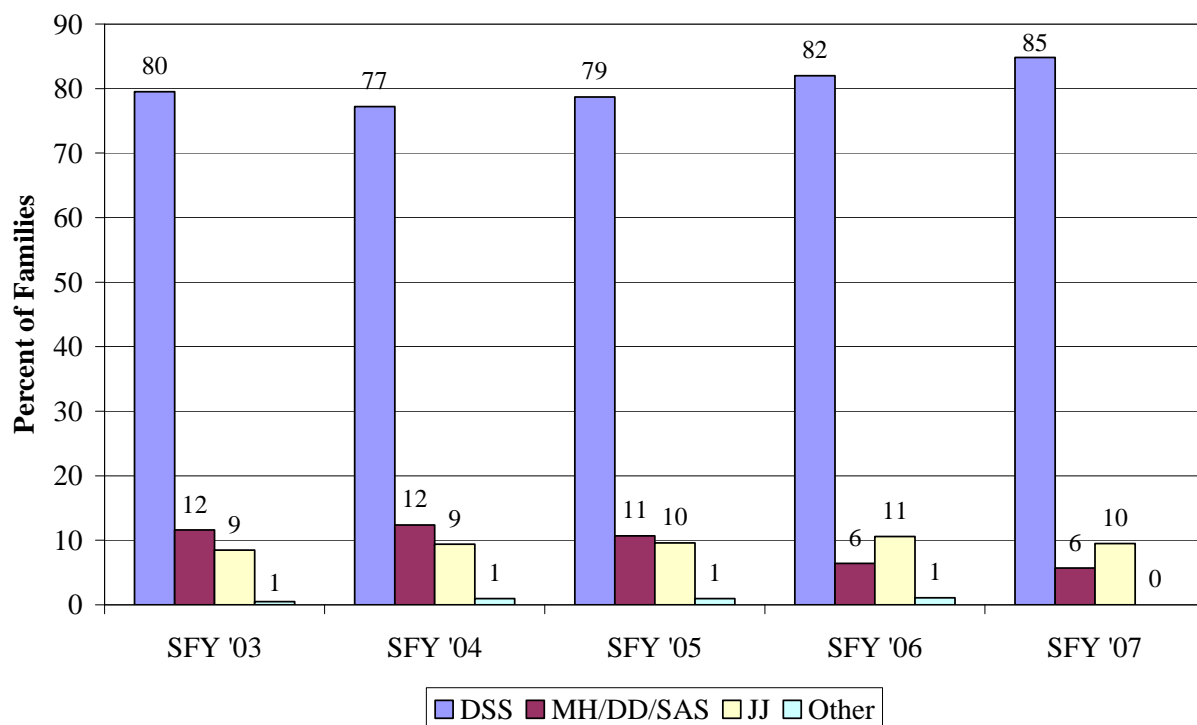
After the release of the IFPS retrospective study, the General Assembly required that IFPS program staff follow up with families who had received the services for 6 months after the completion of their intervention. Workers began making these follow up contacts in November of 2003. There was no additional funding allocated to offset the time that workers spent contacting previously served families. Although an exact relationship between time spent on follow up and a reduction in number of families served cannot be determined, requiring

resources to conduct follow-up with families while keeping funding amounts static reduces the amount of resources available for initiating new IFPS cases.

Referral Source

The sources of referral have remained quite constant over the last five years, since the expansion of programs serving primarily DSS referred families in SFY 2001. Between 77% and 85% of referrals have come from DSS, 6% to 12% from MH/DD/SAS, 9% to 11% from Juvenile Justice⁴. The slight increase in DSS referrals for the last two years is accounted for by a slight decrease in referrals from MH/DD/SAS during the same time.

Figure 2. Percent of Families Served by IFPS Referral Source

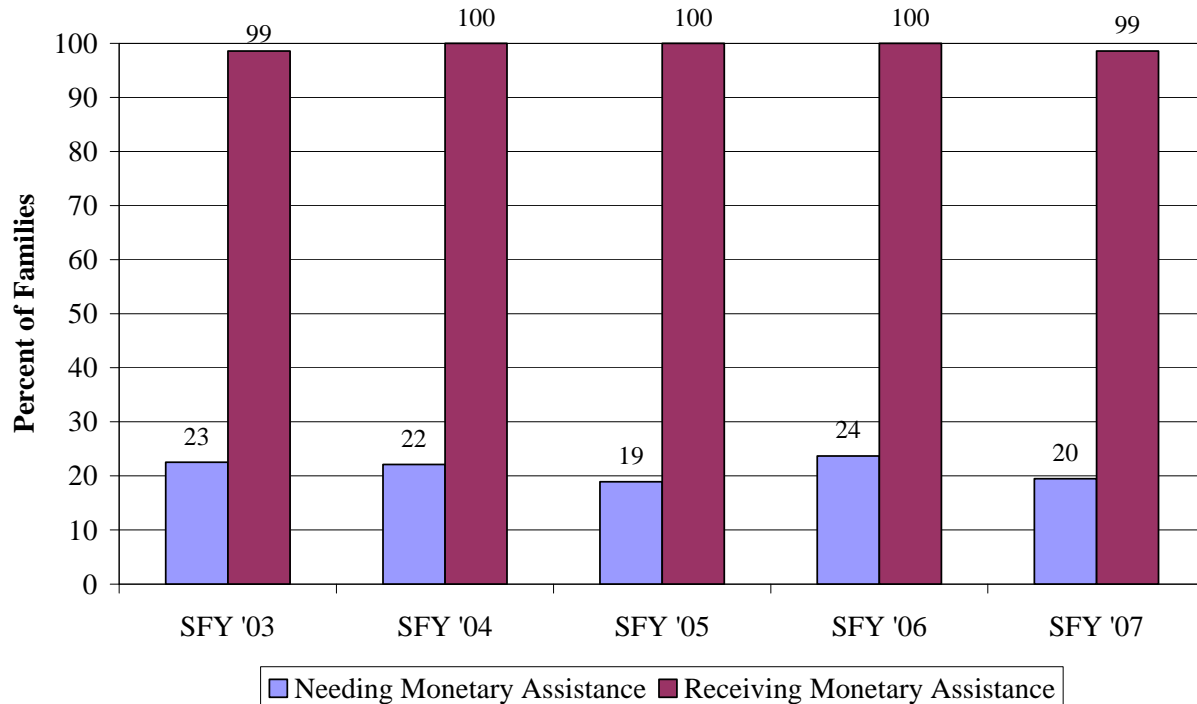


⁴ The number of referrals do not add to 100% each year as a result of missing information and a limited number of data coding errors.

Monetary Assistance

Lack of financial resources is a major stressor for IFPS families. Over the last five years, IFPS workers identified on average 2/5 (between 36% and 46%) of IFPS families annually as “being without sufficient incomes to meet their basic needs.” Figure 3 illustrates that the number of families identified as needing monetary assistance has remained fairly constant over the last 5 years, averaging 1/5 of families and ranging from 19% to 24% of families (not all families with insufficient incomes are so identified). The percent of families receiving assistance (of those who needed assistance) has also remained constant, at 99% to 100% per year.

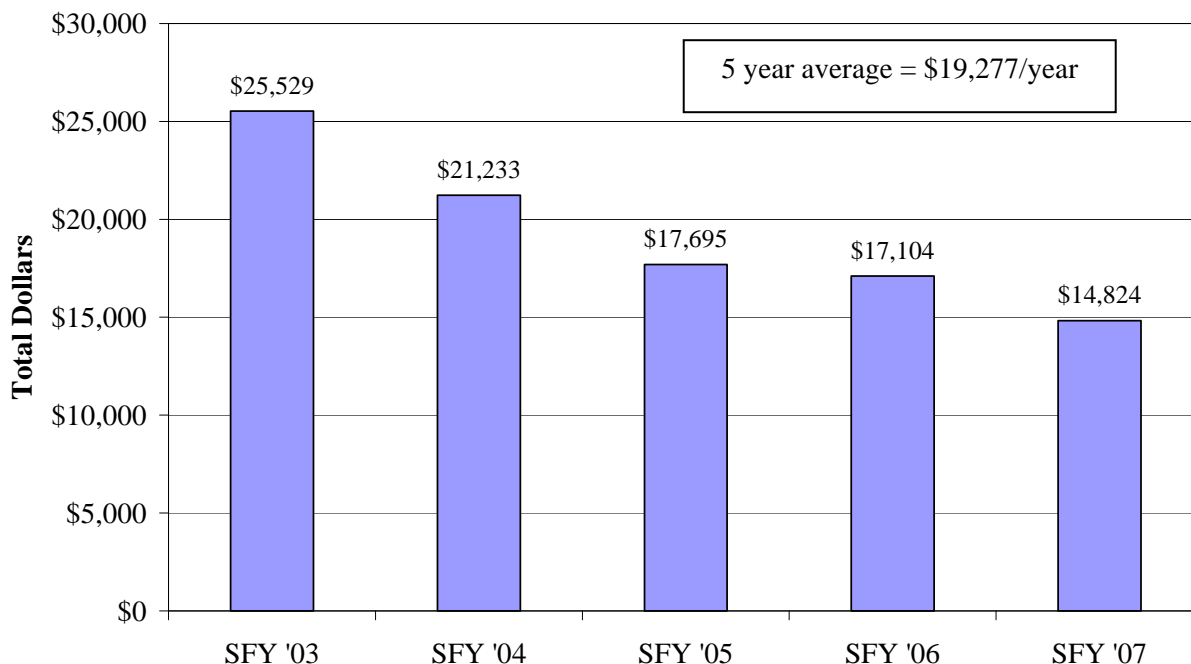
Figure 3. Percent of Families Needing and Receiving Monetary Assistance from IFPS



The provision of monetary resources to these families is an area that has changed greatly over the past five years. Figure 5 illustrates a steady decline in the amount of monetary

assistance provided to families over the last five years. The amount of money devoted to providing monetary assistance to families in need by IFPS programs was at a high of \$25,529 in SFY 2003 and at a low of \$14,824 in SFY 2007. The five-year average of total dollars provided to families in need is \$19,277 per year. The reason for these yearly declines in monetary assistance to families is likely related to the decreases in statewide allocation for IFPS services and the decreases in total families served.

Figure 4. Total Dollars Provided as Monetary Assistance to Needy IFPS Families



The fact that monetary assistance is available to IFPS families does *not* imply that IFPS is an alternative “welfare” type program. On the contrary, of the 544 families (SFY 2003 through SFY 2007) that have received monetary assistance as part of their IFPS service plan received an average of \$177. Rather than resembling a welfare payment, these small amounts of

money are a deliberate and focused attempt to alleviate a particular family stressor (e.g., repair of a car or needed appliance, restoration of electricity or telephone service to the home, provide a social or recreational activity intended to enhance family relations). The total amount of money received per family has remained fairly constant over time.

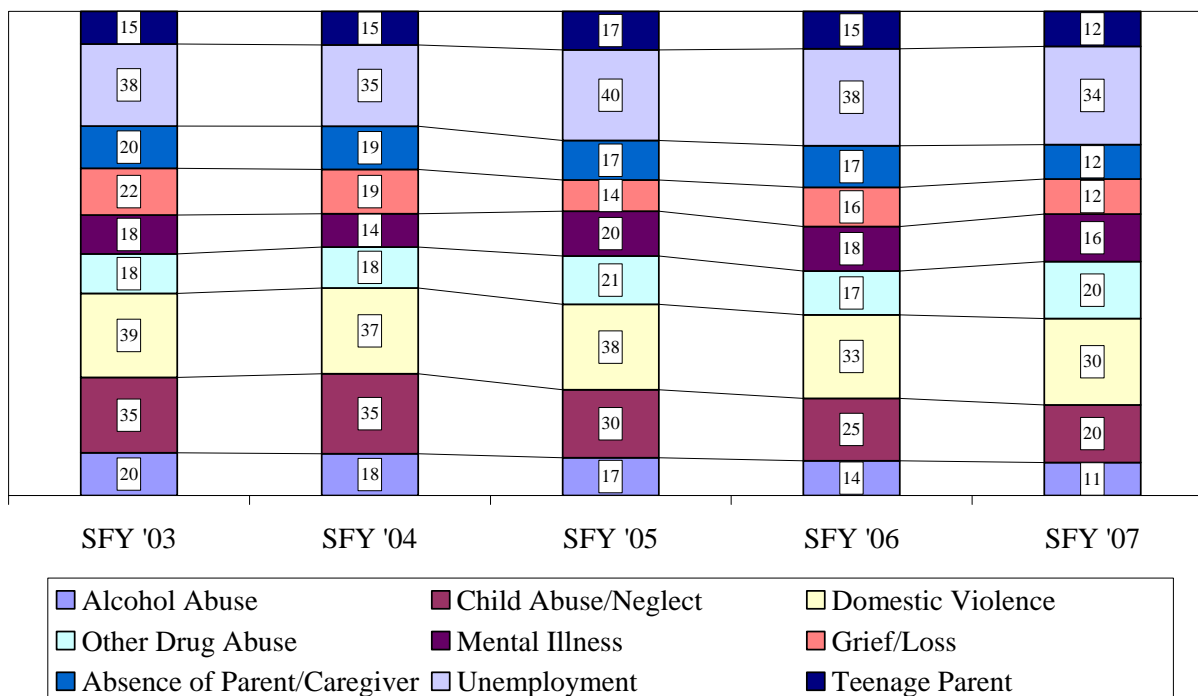
Primary Issues Affecting Caretakers

Figure 5 presents data on the types of problems affecting caretakers. (Note that each section of a bar represents the percent of caretakers experiencing a particular problem and that caretakers may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of caretakers experiencing that problem in a given year). The types of primary problems affecting caretakers has remained quite consistent over the last five years. The major problem areas include alcohol abuse, child abuse/neglect, domestic violence, other drug abuse, mental illness, experiencing grief or loss, a temporary or permanent absence of a parent or other caregiver, unemployment, and being a teenage parent. However, there has been a statistically significant decline over the last five years in the proportion of families presenting with problems of alcohol abuse, child abuse/neglect, domestic violence, experiencing grief or loss, and a temporary or permanent absence of a parent or other caregiver. It is not yet clear if these declines reflect true changes in the service population or other issues in detection and reporting of primary problems.

It is also noteworthy that the proportion of caretakers experiencing one of the indicated primary issues is lower than has been true historically. With the exception of other drug abuse, which increased in SFY 2007 to its highest proportion indicated over the last five years, the proportion of families represented in the various categories is lower than in all prior years. It is

not know if these differences are likely to be related to the workers' practice of reporting issues rather than a true decline in the number of issues.

Figure 5. Primary Issues Affecting Caretakers: Percent of Caretakers Experiencing Issue



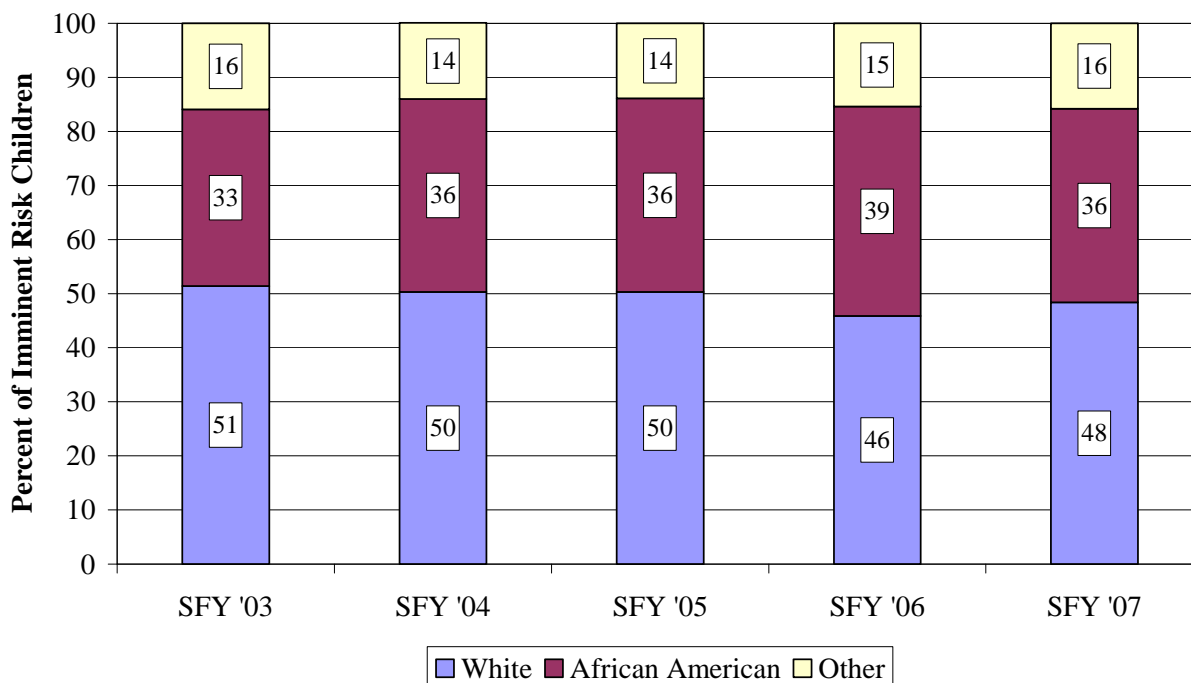
Race of Imminent Risk Children

The race of children served by IFPS providers is a variable where substantial changes have occurred since the automated IFPS case record and management information system was implemented in January 1994. However, over the last five years, the racial distribution of imminent risk children served has stabilized. Figure 6 displays these data.

Variations in the racial distribution of African American children served (varying from 33% to 39% over the past five years) and other minority children (varying from 14% to 16% over the past five years) have been small. The proportion of White children served (varying

from 46% to 51% over the past five years) reached a record low in SFY 2006 of 46% of the service population.

Figure 6. Race of Imminent Risk Children in Families Receiving IFPS



Age of Imminent Risk Children

The distribution of ages of imminent risk children has remained very stable throughout the last five years. Figure 7 displays the age distribution of imminent risk children over the last five years. Thirty-six to 39% have been 0-5 years of age, 37% to 40% have been 6-12 years of age, 18% to 20% have been 13-15 years of age, and 5% to 7% have been 16-17 years of age.

Gender of Imminent Risk Children

Like age, the gender of imminent risk children has remained very stable throughout the last five years. Figure 8 displays the gender distribution of imminent risk children over the last five years. There appears to be a slight favor of males to females served. The population of

Figure 7. Age of Imminent Risk Children in Families Receiving IFPS

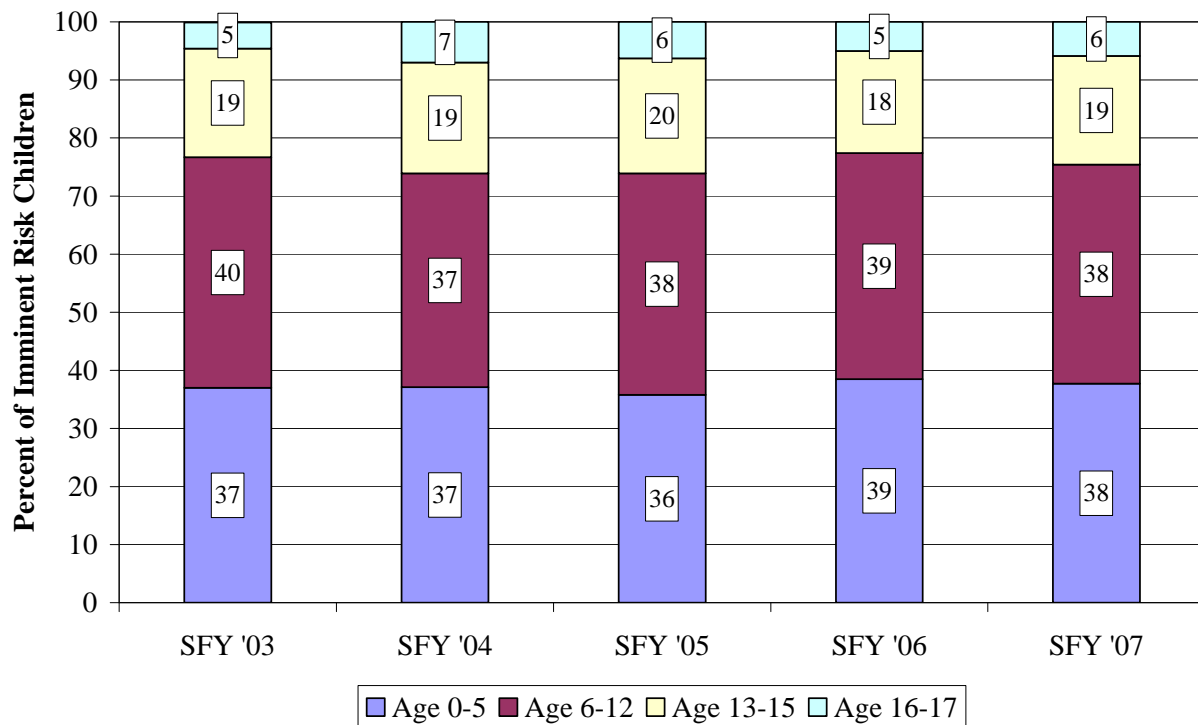
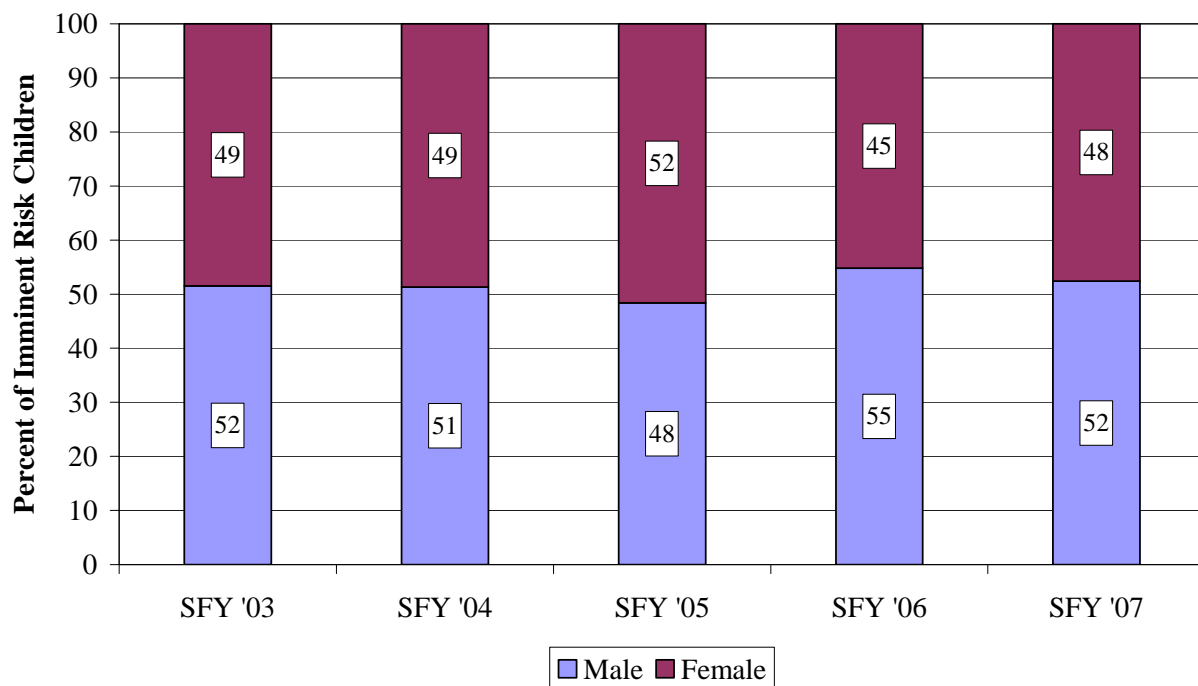


Figure 8. Gender of Imminent Risk Children in Families Receiving IFPS

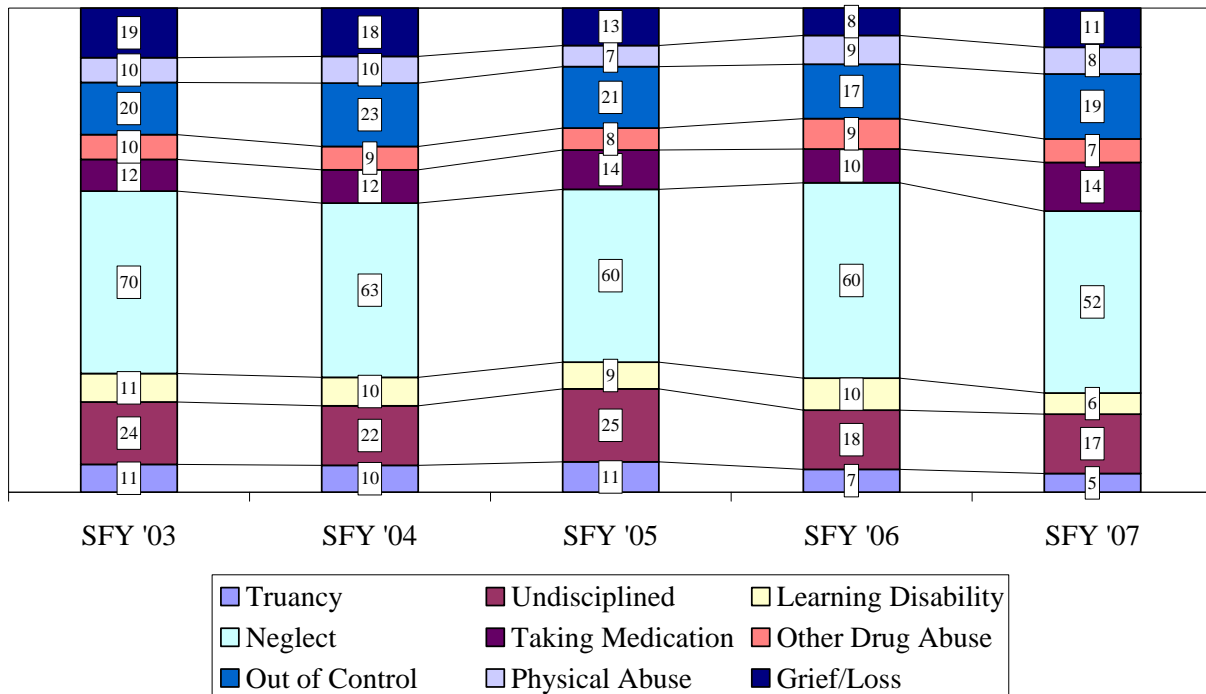


males served has ranged from 48% to 55% and the population of females served has ranged from 45% to 52%.

Primary Issues Affecting Imminent Risk Children

Figure 9 presents data on the types of problems affecting imminent risk children. (Note that each section of a bar represents the percent of children experiencing a particular problem and that children may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of children experiencing that problem in a given year). The types of primary problems affecting imminent risk children has remained quite consistent over the last five years. The major problem areas include truancy, being undisciplined, learning disability, neglect, taking medication, other drug abuse, being out of parental control, physical abuse, and experiencing grief or loss.

Figure 9. Primary Issues Affecting Imminent Risk Children: Percent of Imminent Risk Children Experiencing Issue

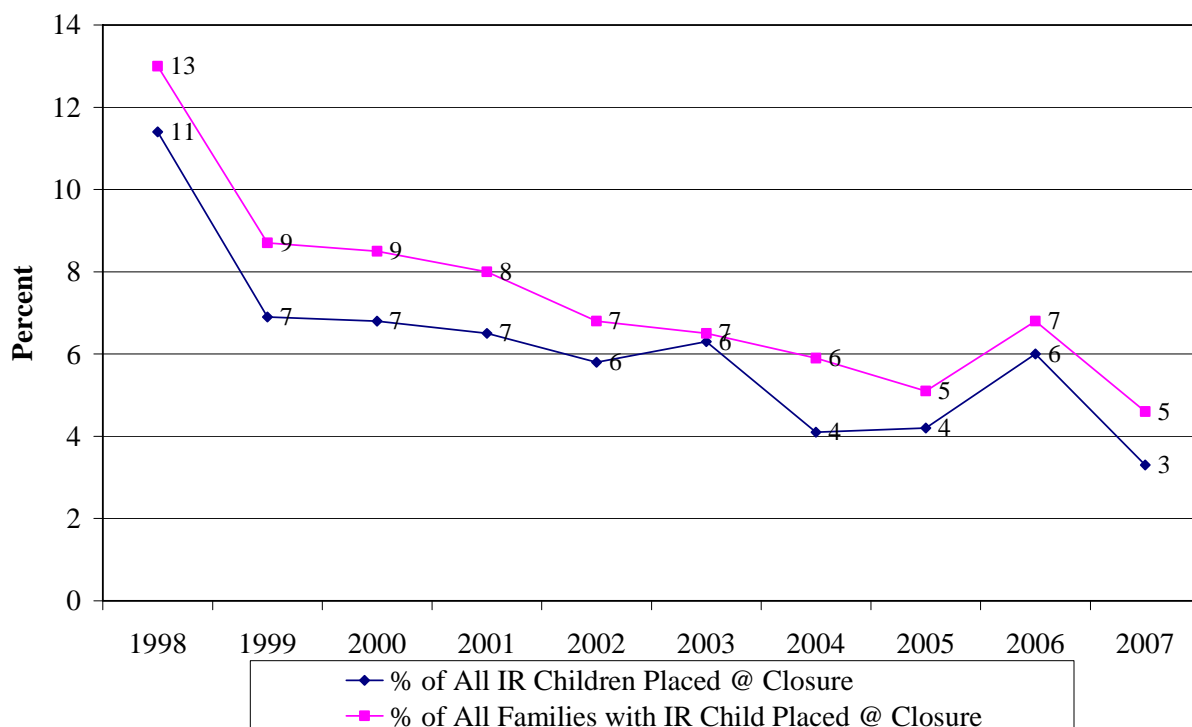


However, there has been a statistically significant decline over the last five years in the proportion of imminent risk children presenting with problems of truancy, being undisciplined, learning disability, neglect, being out of parental control, and experiencing grief or loss. It is not yet clear if these declines reflect true changes in the service population or other issues in detection and reporting of primary problems.

Placement of Imminent Risk Children

Figure 10 presents a ten-year trend of placement rates at the conclusion of IFPS. It is clear from this figure that IFPS appears to be increasingly successful in preventing the out-of-home placement of imminent risk children. Placement rates at the closing of IFPS services, whether considering the family level or imminent risk child level, have been generally decreasing over the last ten years.

Figure 10: Ten Year Placement Trend for Families Receiving IFPS



Another important finding emerged in the trend analysis that relates broadly to the entire child welfare system: even if children are placed out of home at the end of IFPS services, the program data reveal a statistically significant shift in the level of care needed by those children. These data are presented in Table 11.

Table 11. Risk of System Placement of Imminent Risk Children at Referral Compared to Living Arrangement after IFPS, For Children Who Were Placed in Out-Of-Home Care, SFY 2003 through SFY 2007

Living Arrangement After IFPS	Risk of System Placement at Referral				
Count Column %	Social Services	Mental Health	Juvenile Justice	Private Placement	Row Total
Social Services	168 83.2%	1 5.9%	4 21.1%	0 0.0%	173 72.1%
Mental Health	15 7.4%	16 94.1%	1 5.3%	0 0.0%	32 13.3%
Juvenile Justice	3 1.5%	0 0.0%	10 52.6%	0 0.0%	13 5.4%
Private Placement	4 2.0%	0 0.0%	2 10.5%	1 50.0%	7 2.9%
Other Placement	12 5.9%	0 0.0%	2 10.5%	1 50.0%	15 6.3%
Column Total Row %	202 84.2%	17 7.1%	19 7.9%	2 0.8%	240 100.0%

These data show that a majority (94%) of the children at risk of placement into Mental Health/Developmental Disabilities/Substance Abuse Services and half (53%) of the children at risk of placement into Juvenile Justice facilities at referral, and who are ultimately placed out of home, are placed in those types of facilities. Six percent of those children “placed” who were originally at risk of MH/DD/SAS placement were able to be placed in foster care. Twenty-one percent of children at risk of Juvenile Justice placement were also served in foster care, and an additional 5% at risk of Juvenile Justice placement were placed, instead, in MH/DD/SAS facilities, presumably because they were found to need these services rather than incarceration. Additionally, 83% of the children who were originally at risk of placement into foster care, and

who were placed, were placed in that system. A small number (7%) of these children were found during IFPS to need MH/DD/SAS services, and an even smaller number (2%) were found to need more restrictive Juvenile Justice placement. These differences in placement outcomes, when compared to risk of placement at referral, are highly statistically significant (Chi Square = 224.614; df = 12; $p < .001$).

Family Functioning: North Carolina Family Assessment Scale

During the spring of SFY 1994-95, the North Carolina Family Assessment Scale (NCFAS) was implemented as a formal part of the IFPS case process and record keeping system. The NCFAS was developed by staff at the Jordan Institute for Families in cooperation with a working group of North Carolina IFPS providers, and is based on a compilation of several assessment instruments used in North Carolina, Michigan, California, and elsewhere.

The development and implementation of the NCFAS has been discussed in previous reports. The report for SFY 1999 discussed the validation study conducted in 1997 and 1998, and the revisions to the NCFAS that resulted in Version 2.0. The complete reliability and validity study has also been published in the professional literature (Research on Social Work Practice, Volume 11, Number 4, July 2001, pages 503-520). The NCFAS V2.0 was implemented statewide on July 1, 1999, and data are now available for 8 full years of service delivery. However, findings in this section relate to the total population of families served in the last five years, from SFY 2003 through SFY 2007.

The NCFAS provides information on family functioning in a variety of areas relevant to the typical IFPS family and provides pre-service and post-service information in order to measure change that occurs during the IFPS service period. Changes in family functioning that occur during this period are related to stressors impacting families, which in turn, impact their ability to remain united at the end of the service period.

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing

stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

Assessments are made by IFPS workers at the beginning of the service period and again at the conclusion of service. The data of interest includes both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

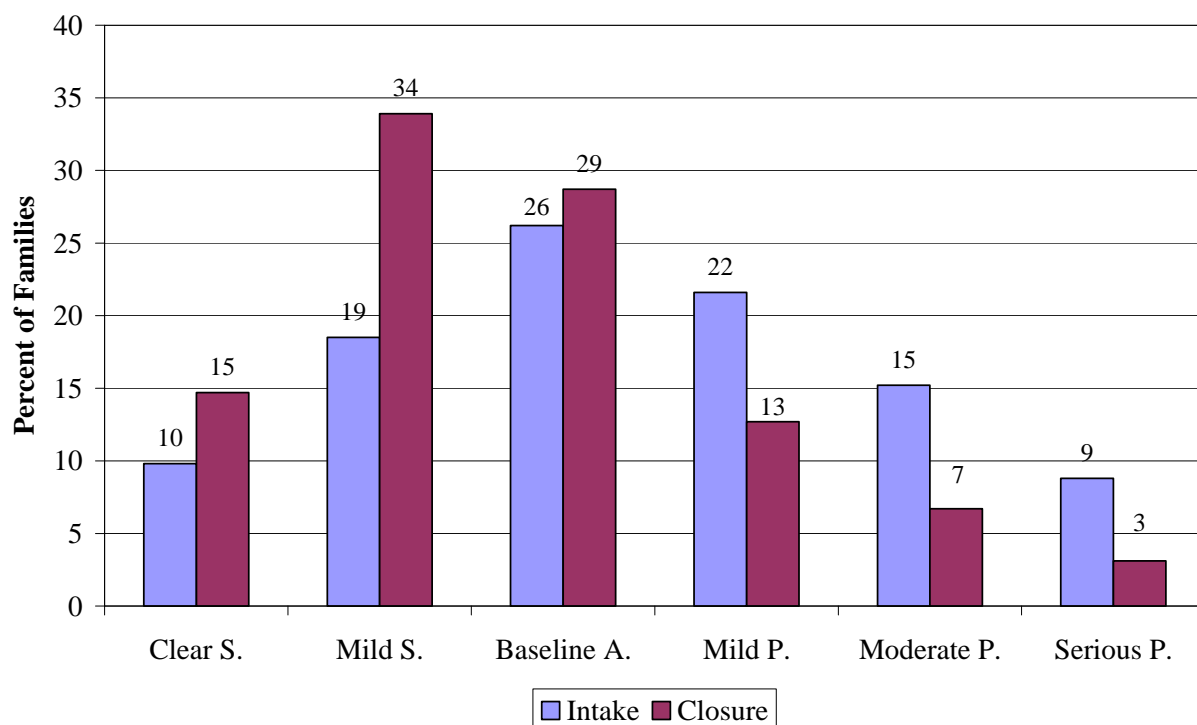
Ratings at Intake and Closure on NCFAS Domains

Findings in this section relate to the total population of families served during the last 5 years in which IFPS services have been provided, SFY 2003 through SFY 2007. The database now contains full NCFAS data for 2,551 families served during this period. Figures 11 through 15 present the aggregate intake and closure ratings for the 5 domains on the NCFAS. The findings from the NCFAS 2.0 are quite consistent with expectations, based on the results of the reliability and validity study.

Beginning with Figure 11 it can be seen that the majority of families do not enter services with problem ratings in the area of Environment. Fifty-five percent of families are rated as being

at “Baseline/Adequate or above” at intake. At closure, three quarters (78%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at intake also are not likely to have case plans focusing on those issues. However, there was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 9% to 3%, and those rated as having moderate problems were reduced from 15% to 7%.

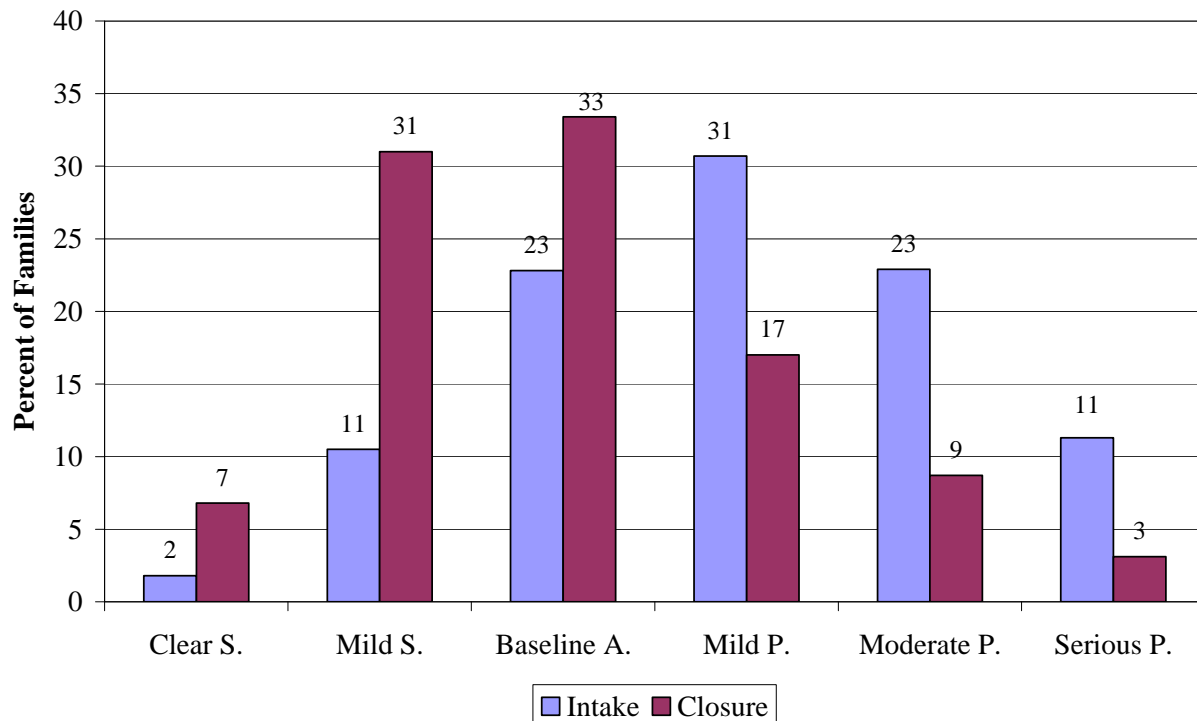
Figure 11. Environment Ratings at Intake and Closure



The Parental Capabilities domain on NCFAS V2 focuses specifically on parenting skills or circumstances that may affect a person’s ability to parent. This domain exhibits a pattern of marked change in families as a result of receiving IFPS services. These data are presented in Figure 12. At Intake, 65% of families are rated in the “problem” range, with one-third of

families (34%) rated in the “Moderate to Serious” range. After services, more than two-thirds (71%) are rated as “Baseline/Adequate or above.”

Figure 12. Parental Capabilities Ratings at Intake and Closure



The Family Interactions domain is largely unchanged from the previous NCFAS version, and the domains’ detection of change in this area remains strong. Fully 59% of families are rated in the “problem” range at intake on their interaction patterns and behavior, but only 27% are still rated in the “problem” range at closure. These data are presented in Figure 13.

The domain of Family Safety is very important, as child safety is the chief concern in IFPS interventions, and is also paramount in making the “placement/no placement” recommendation at the end of service. The data gathered on the families served relating to this domain show shifts in Family Safety similar to shifts observed in Family Interactions and Parental Capabilities. These data are presented in Figure 14. Half of families (49%) are rated in

Figure 13. Family Interactions Ratings at Intake and Closure

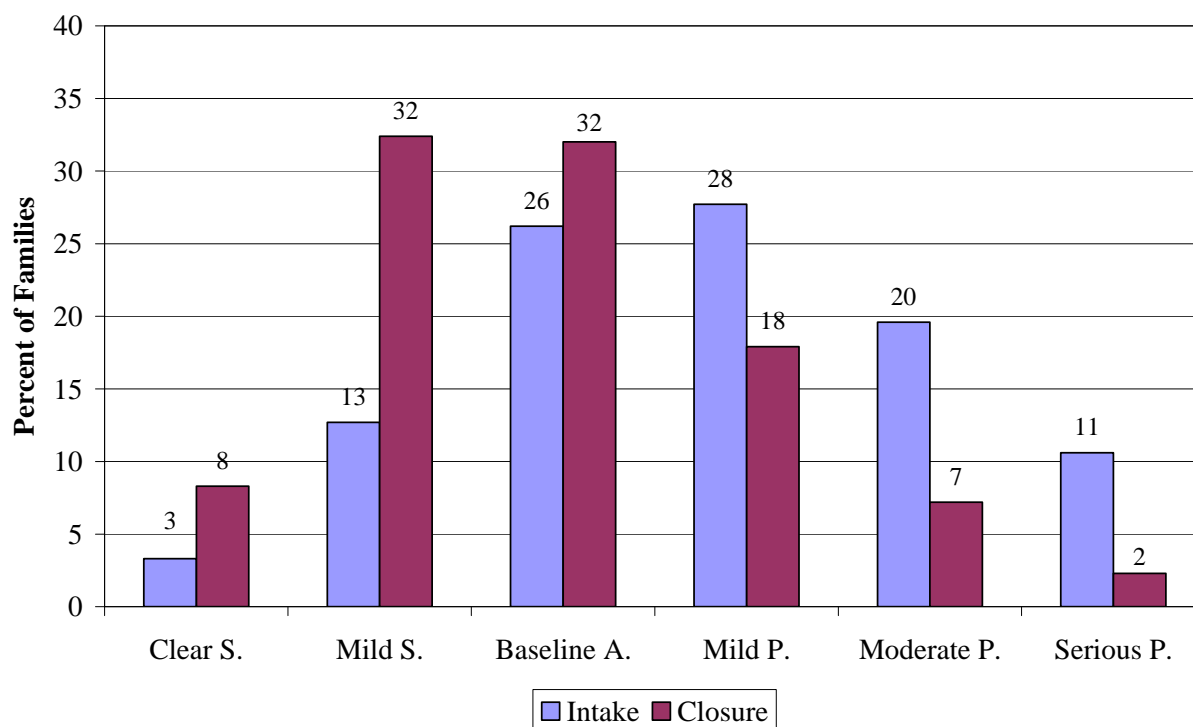
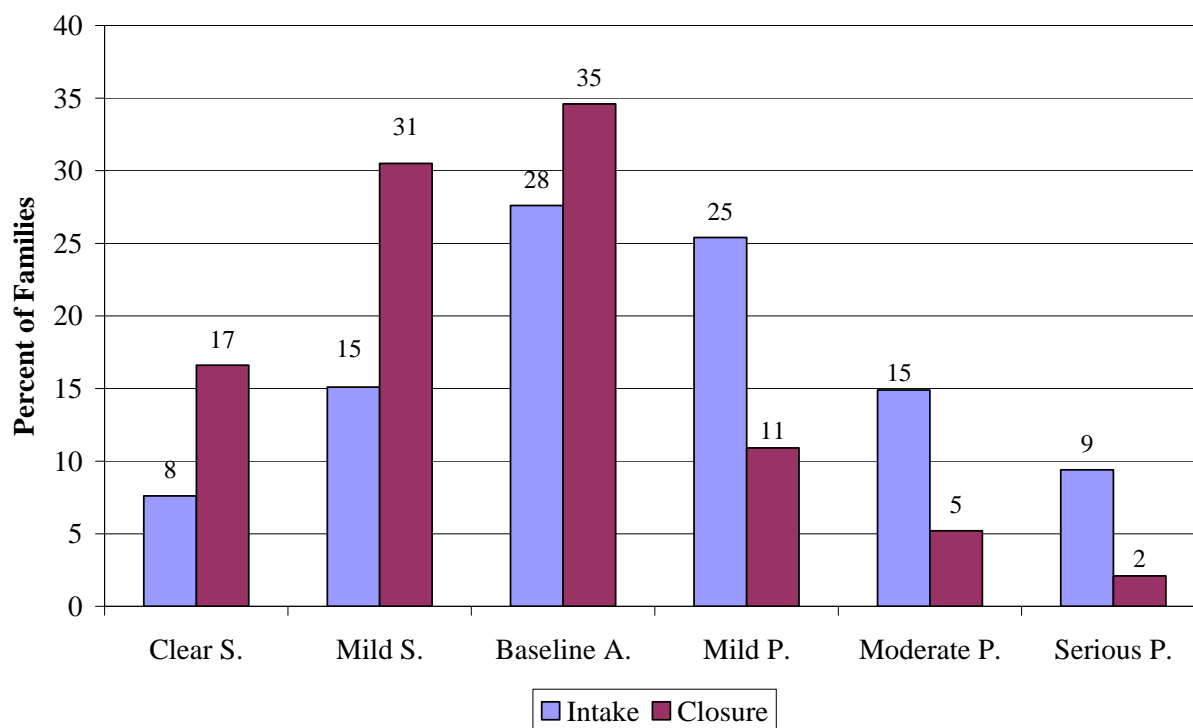


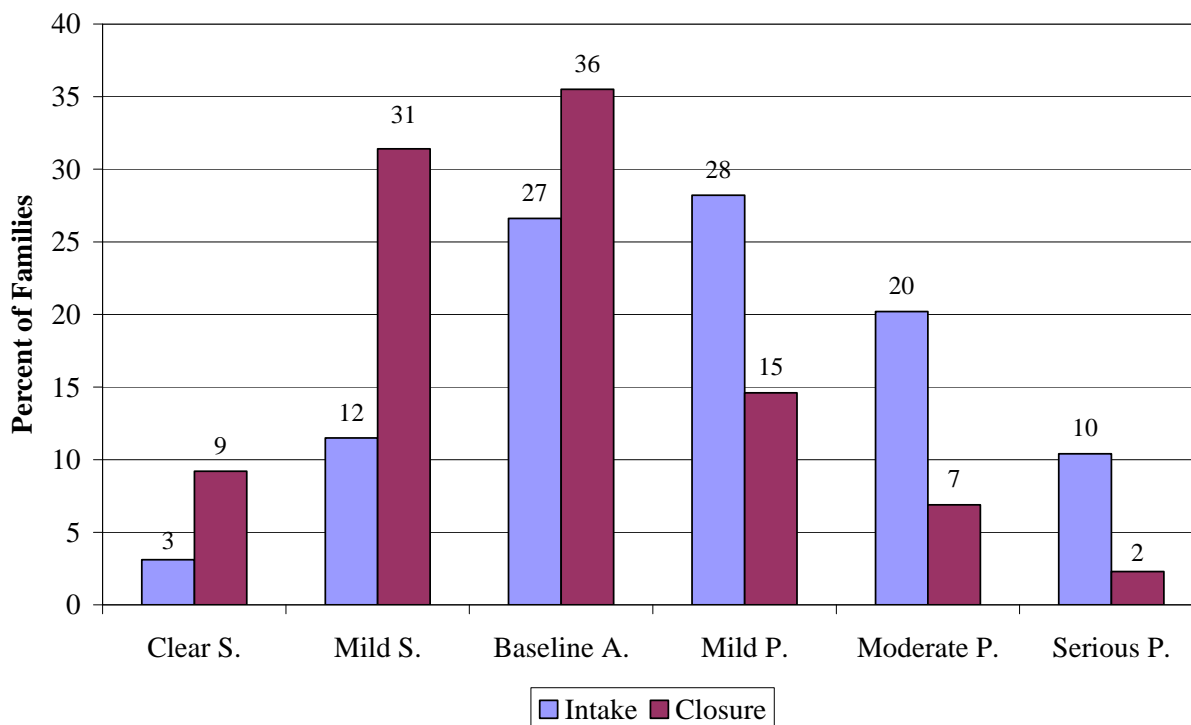
Figure 14. Family Safety Ratings at Intake and Closure



the “problem” range at intake; this proportion is reduced to less than one-fifth (18%) at the time of case closure.

The final domain of assessment on the NCFAS is Child Well-Being. These data are presented in Figure 15. The assessed changes in Child Well-Being are large, and are consistent with previous assessment efforts on this domain. The majority (58%) of families are rated as having problems in this area at the beginning of service. In fact, almost one-third of families (30%) are rated as having a “Moderate to Serious” problem. This is not altogether surprising since Child Well-Being issues, along with Family Safety Issues, are likely to be the issues that bring the family to the attention of the referring agency in the first place. However, at the close of services, three-quarters (76%) of families are at “Baseline/Adequate or above,” and two-fifths (40%) are rated in the “strengths” range.

Figure 15. Child Well-Being Ratings at Intake and Closure



Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on this domain. These findings, coupled with the low placement rates in the treatment population, contribute to the concurrent validity of the NCFAS V2.0.

Change from Intake to Closure on NCFAS Domains

The aggregate data presented in the preceding figures indicate the “population” shifts following provision of IFPS services, but do not indicate the degree of change in individual families. To examine individual family change requires the analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 2,551 families served during the last five years are presented in Table 12.

Table 12. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale during IFPS

Domain	Level of Change Per Family (Percent of Families) N=2,551				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	3.2	48.9	31.1	11.9	4.9
Parental Capabilities	2.4	31.9	41.4	16.5	7.8
Family Interactions	2.4	37.4	37.9	15.3	6.9
Family Safety	2.5	41.6	32.2	14.7	8.9
Child Well-Being	2.0	34.5	39.5	15.5	8.5

These same data are presented graphically in Figure 16. It can be seen in the graph that half of families (49%) do not change on the domain of Environment, but that approximately 1/2 to 2/3 of all families improve on the remaining domains: Parental Capabilities, Family

Interactions, Family Safety and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 5%-9% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (2%-3%, depending on the domain) deteriorate during IFPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

Figure 16. Level of Change Experienced by Families on NCFAS Domain Scores

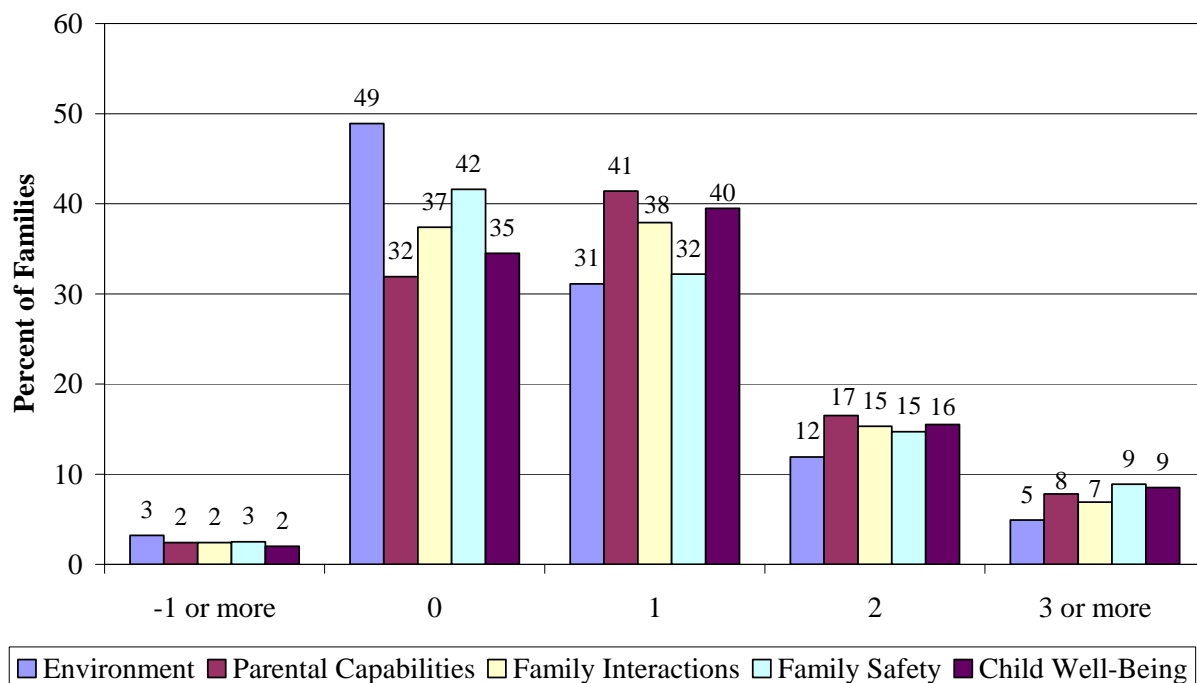
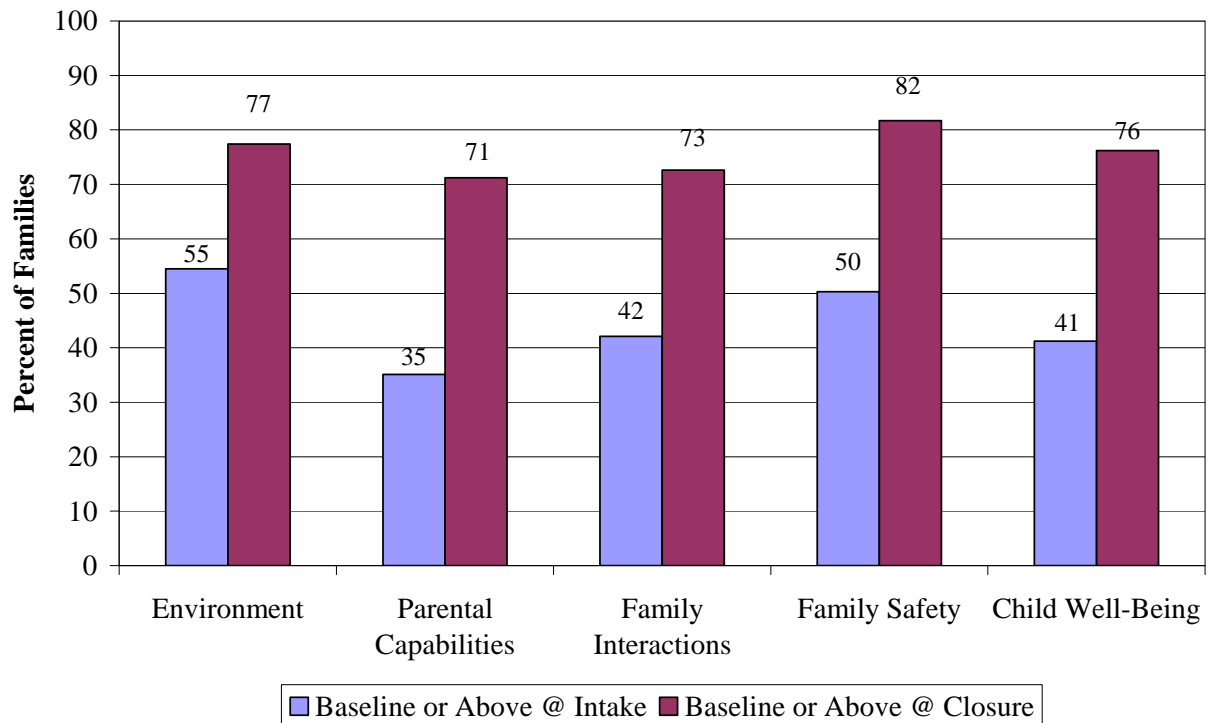


Figure 17 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one-fifth to one-quarter of families remain

below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Figure 17. Overall Change on the NCFAS



Case Closure Ratings and Placement Prevention

Compelling changes in domain score ratings are noted on all five domains. While the movement that families experience on the NCFAS ratings during IFPS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other treatment outcomes. Of particular interest is the relationship between NCFAS scores and the placement of imminent risk children at case closure.

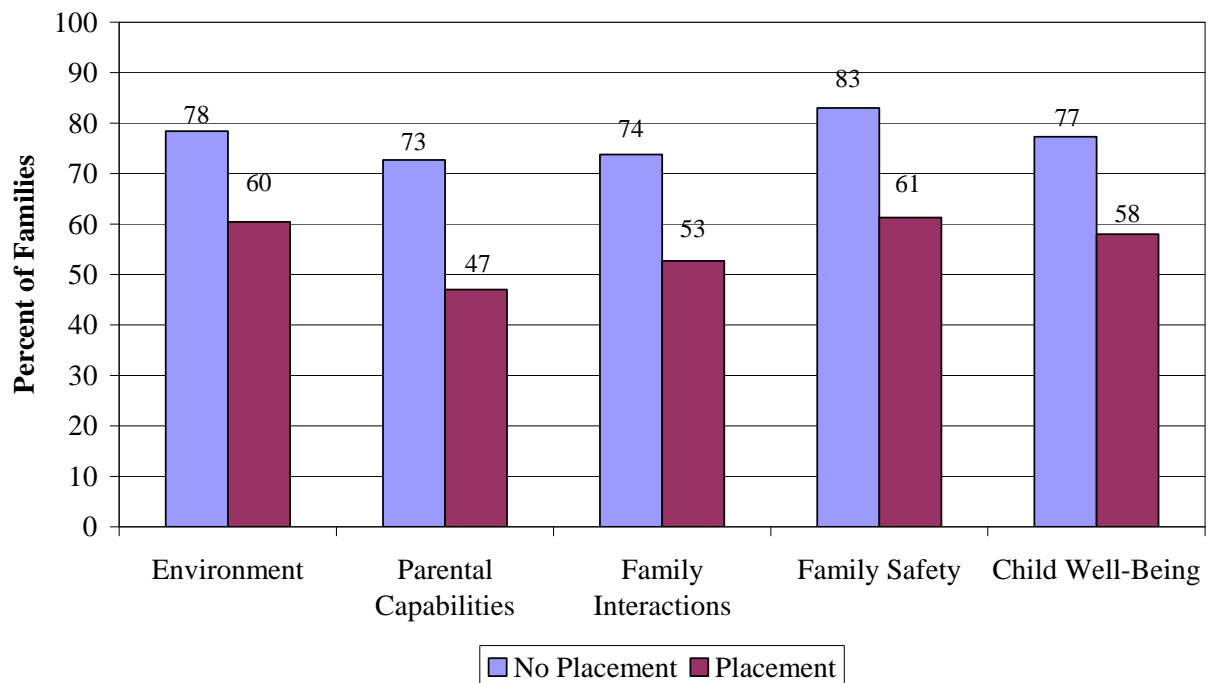
When the closure scores on the NCFAS are cross tabulated with placement *a positive, statistically significant relationship is observed between strengths and the absence of placement,*

and between problems and out-of-home placement on all domains. On each of the domains, families in the “baseline/adequate to strengths” range at IFPS service closure are statistically over represented among families that remain intact. Similarly, at the end of service, families in the problem ranges at IFPS service closure are statistically over represented in families where an out-of-home placement of an imminent risk child occurred during or after IFPS service. The strength of these relationships is quite compelling. For the 2,551 families served during SFY 2003, 2004, 2005, 2006 and 2007, the results are:

- for Environment: Chi Square = 44.294, df = 5, $p < .001$;
- for Parental Capabilities: Chi Square = 94.272, df = 5, $p < .001$;
- for Family Interactions: Chi Square = 68.492, df = 5, $p < .001$;
- for Family Safety: Chi Square = 97.349, df = 5, $p < .001$; and
- for Child Well-Being: Chi Square = 79.693, df = 5, $p < .001$.

Figure 18 displays a graphical interpretation of the relationship between NCFAS closure ratings and placement.

Figure 18. Percent of Families Rated Baseline or Above at Case Closure by Placement of Imminent Risk Child(ren) in Family



These results indicate that *IFPS interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and these improvements in family functioning are statistically associated with placement prevention.* These are important findings to IFPS providers, administrators, policy executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the “prevention” of these placements is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

It should be noted that these statistical relationships are obtained even though the number of children who are placed out of home at the end of IFPS service is very small, and placement decisions may be influenced by a variety of factors *outside the control of IFPS programs.* Both

of these factors tend to mitigate the strength of the statistical relationships, yet they remain strong.

It is noteworthy that most families, regardless of their intake ratings across all five domains, improve only incrementally on two or three domains. Indeed, families may remain in the “problem” ranges on one or more domains, even after IFPS. It should not be surprising that families do not change on all domains, because families are not likely to have service plans that focus on all domains.

IFPS Follow-Up Services

The placement rates and patterns evident from the retrospective study of the effectiveness of IFPS (presented in previous year's annual reports) suggest that secondary interventions or additional services should be offered to families in the first 6 months post-IFPS in those cases that concluded without a placement being made. The results of the retrospective study strongly supported the continued use and expansion of IFPS with respect to high-risk families.

Beginning in SFY 2004, all IFPS programs are required to track families for 6 months after receiving IFPS services. Workers are instructed to contact families on a monthly basis, and to conduct a more comprehensive assessment of families during the 3rd month and 6th month contacts. The purpose of the follow-up contacts is to verify that families are receiving the services that they were supposed to receive after IFPS and to see if additional in-home services are needed.

The monthly follow-up contacts may be made by phone or by visiting the family and having a face-to-face contact with the family. These contacts may be at the worker's initiation, or at the family's initiation. Contact by either mechanism may trigger another provision of IFPS services, if warranted. IFPS workers can re-open services to the family for a maximum of two weeks and a maximum of two times during the 6 month follow-up period. Workers are expected to document the nature of the contact, the services provided, and are also instructed to complete a modified NCFAS assessment during months 3 and 6.

The data in this section are presented for the 4-year history of families upon whom data were reported during SFY 2004, SFY 2005, SFY 2006 and SFY 2007. A total of 903 families are in the database for monthly follow-up contacts, which represents 46.6% of the families that received IFPS services during the last four years. There is a total of 509 families in the database

for which a comprehensive assessment was completed at 3 months post closure, and 330 families in the database for which a comprehensive assessment was completed at 6 months post closure. However, some data are missing due to workers implementation difficulties during SFY 2004. Some of the data relating to the monthly tracking of families is only available for families receiving follow-up beginning in SFY 2005 due to changes made in the reporting format. These instances are footnoted in the tables in this section. Further, the number of families contacted during each succeeding month of follow-up decreases as families' time-after-services accrues. However, the number of families included in the follow-up contact and tracking database will never approach 100% of families because families have the option of declining to be contacted again in the future and some move from the jurisdiction and cannot be located.

Monthly Client Contacts

Data presented in tables 13, 14, and 15 detail the monthly contacts workers made in the six months immediately following case closure. Table 13 presents the average hours spent in making client contacts per month and the average number of contacts initiated by the worker and the family. These data suggest that during the first months after IFPS, families are nearly as likely to contact workers as workers are to contact families (1.64 average family-initiated contacts during month 1, versus 1.66 worker-initiated contacts during the same month). During later months of follow-up, workers are more likely to be the one to initiate a family contact. Workers average more time engaged in face-to-face contact with families than in phone contact with families. During the 6 months of follow-up, the amount of time workers spend engaged in either type of family contact drops by 25% to 30% from the first month to the sixth month. A similar trend can be seen with data presented for the average number of contacts initiated during follow-up. Although the numbers are too small to suggest strong trends, it is interesting to note

that half of the cases that re-opened did so in the first two months, and the largest number (17) occurred in the first month following IFPS.

Table 13: Client Contacts for the 6 Months Following Case Closure

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Number of Families Contacted	903	718	604	494	425	371
Average Hours of Phone Contacts ¹	1.13	.98	.97	.79	.76	.81
Average Hours of In-Person Contacts ¹	1.97	1.37	1.35	1.24	1.19	1.26
Average # Worker Initiated Contacts	1.66	1.44	1.43	1.38	1.32	1.34
Average # Family Initiated Contacts	1.64	1.43	1.41	1.06	.98	.99
Number of Case Re-Openings	17	10	8	7	7	5

¹This data was captured in total number per month during SFY 2004 reporting, and conversion from the old data format to the current data format was not possible. Therefore, these averages are based only on data provided during SFY 2005, SFY 2006 and SFY 2007 in the current data reporting format.

The distribution of contact hours across the 6 months of client follow-up appears to correlate with the placement patterns observed with these data (see Table 15). The largest single number of contact hours occurs in the first month following IFPS (3.1 average hours of phone and in-person contacts). Again, the total number of families in the database is too small (particularly during the latter months of the 6-month tracking period) to draw firm conclusions about these trends. Still, the similarity of placement rates and hours committed to contact, each on its relative scale, is interesting. Future analyses will examine the stability of these apparent trends. If they hold up over time, they may suggest additional policy responses to the post IFPS attrition and placement.

Table 14 presents data on the types of services employed during the monthly contacts with families over the 6-month post-IFPS time period. The majority of families (between 56% and 62%) receive assessment services throughout the 6 month period. One-fifth to one-third of

families receive counseling and advocacy services during this same period and approximately two-fifths of families receive case management services during each month of follow-up.

Table 14: Services Employed with the Family for the 6 Months Following Case Closure

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Number of Families Contacted	903	718	604	494	425	371
Number (Percent) of Families Provided ¹ ...						
Assessment Services	522 (57.8)	402 (56.0)	372 (61.6)	282 (57.1)	238 (56.0)	224 (60.4)
Counseling Services	266 (29.5)	210 (29.2)	180 (29.8)	140 (28.3)	129 (30.4)	122 (32.9)
Advocacy Services	222 (24.6)	144 (20.1)	121 (20.0)	81 (16.4)	71 (16.7)	72 (19.4)
Case Management Services	382 (42.3)	286 (39.8)	227 (37.6)	194 (39.3)	163 (38.4)	137 (36.9)
Referral to Other Services	93 (10.3)	35 (4.9)	31 (5.1)	24 (4.9)	16 (3.8)	27 (7.3)
Other Family Related Activities	262 (29.0)	192 (26.7)	132 (21.9)	121 (24.5)	81 (19.1)	62 (16.7)
Average Hours of Other Case Related Activities Families were Provided ² ...						
Family Related Travel	1.15	1.00	1.06	.97	.76	1.00
Attempts to Locate Family	.86	.69	.87	.77	.72	.70
Collateral Contacts	1.08	.82	.63	.61	.66	.82

¹This data was captured in total hours per month during SFY 2004 reporting. Data were converted to the current reporting format of “yes” or “no”. Also, the previous reporting format did not include the categories of “Counseling” and “Referral to Other Services”. Therefore, the counts for these two categories underrepresent the total amount of these services actually provided.

²This data element was implemented during SFY 2005.

The pattern for providing assessment, counseling, advocacy, and case management services appears to decrease in numbers closely related to the overall decrease in the number of families contacted, with the proportions of service categories remaining fairly constant over time. However, provision of other family related activities appears to decrease rather precipitously over the 6-month period. Families are more likely to receive these other services during the first 2 months after IFPS closure than during the sixth month following closure (29% compared to 17%). Further, a similar (overall decreasing) amount of average total hours

providing other case related activities over the 6-month period can be observed. Workers average the greatest amount of time (3.09 hours) in other case related activities during the first month after closure. However, there appears to be slight increase in some services provided and hours spent in other case related activities at the 3 month and 6 month updates. These patterns are likely correlated to the required family assessment/update during those months, and the fact that the sixth month is the end of provision of follow-up services.

Table 15 details the number and proportion of families that are dropping out of follow-up and the reasons that they will no longer be tracked. The largest number of families dropping from the follow-up tracking cohort during the first month do so because their families experience the placement of a child. During month 2, child placement is the second most common reason, after not being able to locate the family. During months 3, 4, and 5, the largest number of families dropping from the follow-up tracking cohort do so because the families could not be located by the worker. These trends are not surprising because previous sections of this report have demonstrated that child placements are more likely to occur in the first couple of months post IFPS. Also, it is reasonable to expect that families would become more difficult to locate over time. Families refusing additional contact or participation account for the next largest proportion of families dropping from the follow-up tracking cohort.

Future analyses should track the placements of children from these different categories of families to see if those who refuse treatment do so because they are functioning well and no longer want or need services or, perhaps, are not functioning well but are shunning additional services. Also, as the total number of cases in the database grows, analyses will examine case re-openings as a function of placement and NCFAS closure ratings (and intake/closure difference scores).

Table 15: Families that will No Longer be Contacted for the 6 Months Following Case Closure

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Number of Families Contacted	903	718	604	494	425	371
Number (Percent) of families that will no longer be contacted	181 (20.1)	78 (10.9)	74 (12.3)	43 (8.7)	32 (7.5)	351 (94.6)
Reason family will no longer be contacted Number (Percent)						
Could not locate family	21 (11.7)	22 (28.9)	32 (43.8)	12 (30.0)	14 (43.8)	9 (2.6)
Family refuses contacts/participation	48 (26.7)	17 (22.4)	14 (19.2)	12 (30.0)	1 (3.1)	3 (0.9)
Child placement/family not intact	72 (40.0)	20 (26.3)	12 (16.4)	8 (20.0)	4 (12.5)	2 (0.6)
New 6-week intervention started	0 (0.0)	2 (2.6)	0 (0.0)	0 (0.0)	1 (3.1)	5 (1.4)
End of 6-month tracking period	1 (0.6)	3 (3.9)	1 (1.4)	0 (0.0)	4 (12.5)	328 (94.0)
Case closure not conducive to follow-up	5 (2.8)	1 (1.3)	0 (0.0)	1 (2.5)	0 (0.0)	0 (0.0)
Other	33 (18.3)	11 (14.5)	14 (19.2)	7 (17.5)	8 (25.0)	2 (0.6)

Family Updates at 3 and 6 Months after IFPS Case Closure

The provision of follow-up services to families after IFPS includes a comprehensive assessment of families during the 3rd month and 6th month contacts. The purpose of the follow-up contacts is to verify that families are receiving the services that they were supposed to receive after IFPS and to see if additional in-home services are needed. This assessment also includes information about child living arrangements during the preceding 3 months and a modified NCFAS assessment to assess current family functioning. These data are presented in the next 3 subsections.

It should be noted that the data presented in the next 3 subsections might mislead firm conclusions. Follow-up data have been collected at 3 months for 547 families (28%) and at 6

months for 343 families (18%) of the 1,937 families served during SFY 2004, SFY 2005, SFY 2006 and SFY 2007. Potential bias in this sample of families can be seen in the data presented in Table 16. Specifically, the retrospective study of IFPS suggests that more placements are happening during each three-month period of time than are accounted for in Table 16. Therefore, reliability of these data is suspect, as are the data presented in Table 17 and Figure 19. It is possible that this sample is biased towards those families that are functioning the best, that are the easiest to locate, and are the most agreeable to continued participation in the IFPS program. Also, some of the difference may be accounted for by the fact that the data in Table 16 are child-level data, whereas the data in the retrospective placement curves are family-level data (when placement occurs, it may affect one or more child per family).

Child Living Arrangements

Table 16 presents the data collected at 3 months and 6 months after IFPS for child living arrangements. Incomplete, and potentially bias data notwithstanding, there is one apparent trend that bears scrutiny. It appears that among the children that are placed out of home during the 6 months after closure of IFPS, the large majority of early placements are social service placements. Other placement types account for the second largest type of placement experienced in the 6 months after IFPS. Mental health and juvenile justice placements account for most of the remaining placements. These placement trends should be examined in the future, when more reliable data are available and available in large numbers.

Table 16: Child Living Arrangements at 3 Months and 6 Months

		3 Months (N=1,315)		6 Months (N=826)	
		Number	Percent	Number	Percent

Current Living Arrangement				
Home	1180	91.8%	748	92.6%
Relatives	53	4.1%	38	4.7%
Family Friend	1	0.1%	2	0.2%
Social Services	21	1.6%	7	0.9%
Mental Health	8	0.6%	2	0.2%
Substance Abuse Services	0	0.0%	0	0.0%
Juvenile Justice	7	0.5%	2	0.2%
Developmental Disabilities	0	0.0%	0	0.0%
Private Placement	3	0.2%	2	0.2%
Other	12	0.9%	7	0.9%
Children who lived out-of-home during last 3 months	72	5.7%	35	4.4%
Where did child live out of home during last 3 months				
Social Services	14	19.4%	8	22.9%
Mental Health	11	15.3%	4	11.4%
Substance Abuse Services	0	0.0%	0	0.0%
Juvenile Justice	10	13.9%	5	14.3%
Developmental Disabilities	0	0.0%	0	0.0%
Private Placement	4	5.6%	3	8.6%
Other Placement	23	31.9%	14	40.0%

Additional Services Families Received

Table 17 presents information on the services received by families during the months following IFPS. Recalling that 80% - 90% of all families receiving IFPS services are formally referred to other services at the end of the IFPS service period, it is somewhat discouraging to note that only about half (51%) of families are actually receiving those post-IFPS services during the first 3 months post IFPS. However, 16% of families were receiving services from sources not specifically identified by their IFPS workers at the end of the IFPS service period and 13% at 3 months post IFPS were referred to new agencies or service sources by their IFPS workers during the monthly follow-up contacts.

Table 17: Additional Services Families Received

	3 Months (N=547)	6 Months (N=343)
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	Number	Percent	Number	Percent
Families receiving services during last 3 months from agencies referred to at the end of IFPS	277	51.3%	132	39.8%
Families receiving services during last 3 months from other agencies or programs that they were not specifically referred to at the end of IFPS	87	16.2%	48	14.4%
Families referred by the caseworker during the last 3 months to new agencies or programs for needs raised during monthly client follow-up contacts	68	12.7%	40	12.2%
Families considered to be in need of IFPS	42	7.8%	18	5.4%
Families in need of IFPS that will receive IFPS	15	35.7%	3	16.7%
Reason why families in need will not receive IFPS				
Caseloads full	5	21.7%	2	14.3%
Family refused further intensive services	7	30.4%	6	42.9%
Risk to children too high	3	13.0%	2	14.3%
Family moved/left jurisdiction	3	13.0%	2	14.3%
Family already had 2 case re-openings	1	4.3%	0	0.0%
Other reason	4	17.4%	2	14.3%

It is also noteworthy that only 36% of families at 3 months post IFPS and 17% of families at 6 months post IFPS that are considered to be in need of IFPS services again will receive those services. The largest reason for these services not being delivered is due to family refusal of further intensive services. Future analyses will relate the placements of children to the receipt of follow-up services (both referred and non-referred) and also to NCFAS scores generated from family assessments conducted during months 3 and 6 of the follow-up period.

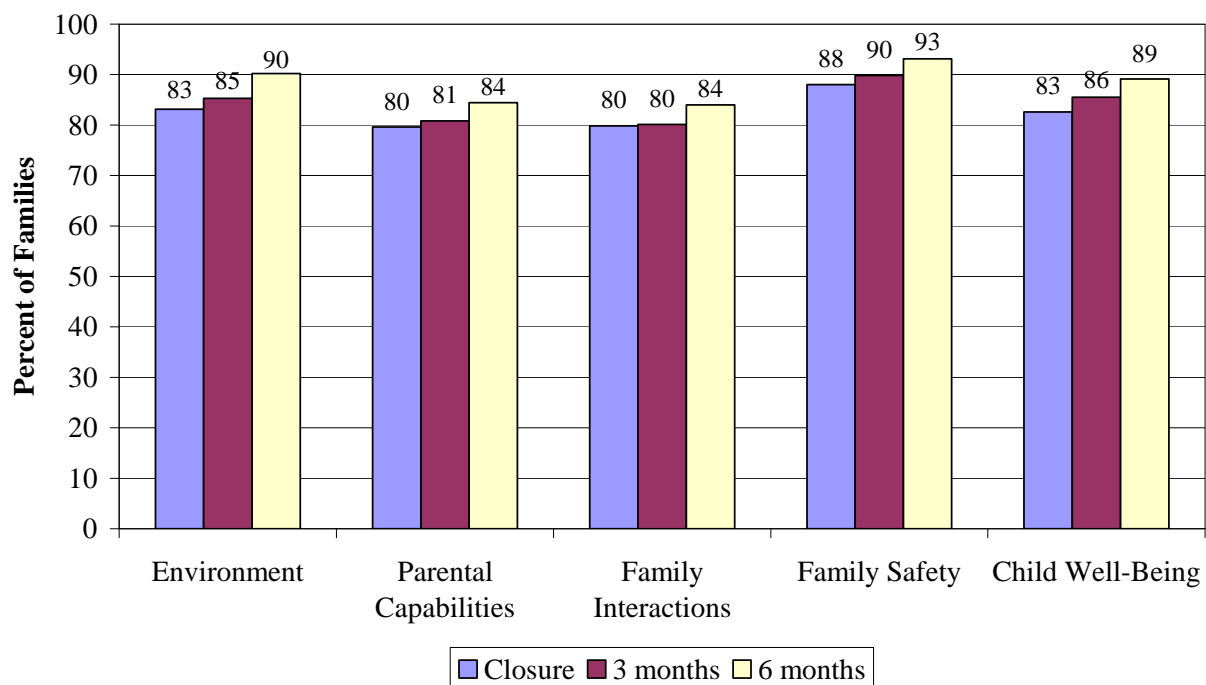
Family Functioning After Case Closure

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. IFPS workers used an abbreviated NCFAS (domain ratings only) to rate family functioning at 3 months and 6 months post case closure. The data of interest for this presentation include the ratings at case closure, 3 months post closure, and 6 months post closure. This strategy will demonstrate if a meaningful change

in the status of families, or of the trajectory of families (i.e., deterioration to improvement), has occurred since the case closed.

Figure 19 presents the proportion of families at or above Baseline/Adequate over the three rating periods. Each comparison indicates continued positive change in the population of families served. Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence and sustain changes in parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree.

Figure 19. Families Rated at Baseline or Above on the NCFAS at Closure (N=595), 3 Months (N=547) and 6 Months (N=343)



Cost-Effectiveness, Cost/Benefit Analysis

The following analysis is based upon true costs of operating the IFPS program during SFY 2007 and estimated placement costs provided by the Division of Social Services, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and the Department of Juvenile Justice and Delinquency Prevention.

During SFY 2007 there were 701 children identified as being at imminent risk of placement into DSS foster care, MH/DD/SAS facilities, or Juvenile Justice facilities. Table 18 presents a breakdown of the number of children at risk of placement and the number of children actually placed in care or not living at home.

Table 18. Children at Risk of Out-Of-Home Placement at Intake

Potential Placement Type	Number of Children At Risk of Out-Of-Home Placement	Number of Children Placed or Not Living At Home
DSS Foster Care	639	12
Juvenile Justice	40	3
Mental Health	13	4
Private Placement	4	2
Other	NA	2
Totals	696¹	23

¹The risk of system placement data was missing for 5 children.

For purposes of the analysis, MH/DD/SAS and Private Placements (which are almost always psychiatric placements) are combined to determine the potential costs and cost savings of the IFPS program. Table 19 presents those estimated potential costs and estimated actual costs of placements.

Table 19. Estimated Potential and Estimated Actual Costs of Placements for SFY 2007

Estimated Potential Placement Costs				Estimated Actual Placement Costs			
Placement Type	# of Children At Risk	Average Placement Costs ⁴	Total		# of Children Placed	Average Placement Costs ⁴	Total
DSS FC ¹	639	\$19,054	\$12,175,506		12	\$19,054	\$228,648
MH/DD/SAS ²	17	37,309	634,253		6	37,309	223,854
Juvenile Justice ³	40	87,829	3,513,160		3	87,829	263,487
Column Total	696		\$16,322,919		21		\$715,989

¹ DSS out of home placement costs were obtained from Division of Social Services, Children's Services Section.

² Mental Health/Developmental Disabilities/Substance Abuse placement costs were obtained from Division of MH/DD/SAS.

³ Juvenile Justice placement costs were obtained from the Department of Juvenile Justice and Delinquency Prevention based on the average annual cost per population.

⁴ SFY 2007 average placement costs were not available from Departments at the time of analysis and report production. This analysis uses SFY 2006 figures for DSS and Juvenile Justice placement costs, and SFY 2005 figures for MH/DD/SAS placement costs. As a result, placement cost estimates are likely to be conservative, as are cost-effectiveness estimates and cost/benefit estimates. That is, IFPS is likely to be slightly *more* cost effective and cost/beneficial than reflected in this analysis.

Following are the cost-effectiveness and cost/benefit statistics for the IFPS program during SFY 2007:

- 696 children were at imminent risk of removal, at a total potential placement cost of \$16,322,919;
- 21 children were actually placed in various, known placements at an estimated cost of \$715,989;
- IFPS diverted an estimated maximum of \$15,606,930 from placement costs; a gross cost savings of 95.61%;
- if the cost of operating the IFPS program (\$2,003,144) is subtracted from the gross savings (\$15,606,930), a net savings of \$13,603,786 results;
- the cost/benefit ratio of IFPS for SFY 2007 is \$6.79; that is, for every \$1.00 spent providing IFPS, an additional \$6.79 is not being spent on placement services for imminent risk children who would otherwise be assumed to be placed in out-of-home care;
- the cost of delivering IFPS in SFY 2007 was \$2,878 per imminent risk child and \$5,399 per family; and
- had all 696 imminent risk children been placed as originally indicated, the average placement cost would have been \$23,452 per imminent risk child and the families would not have received any services as part of these expenditures.

Table 20 presents a way of analyzing the costs and cost savings of IFPS that addresses the “fiscal break-even point” of operating the program. This is a useful analysis because some program critics contend (and it is likely true) that not all children who are identified as being at imminent risk would eventually go into placement, even if they did not receive IFPS. They contend that traditional methods of presenting cost savings are misleading. Table 19 presents costs and cost savings at different levels of placement prevention, and demonstrates that the IFPS program is cost effective and results in a very high cost/benefit ratio.

The left-most column presents different levels of placement prevention; the other columns present the true costs of the program, the estimated placement costs avoided, and the net cost or cost saving of operating the IFPS program.

Table 20. Determining the Estimated Fiscal “Break-Even” Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Child Placement Prevention

Placement Prevention Rates	Cost of Providing IFPS in SFY 2007	Placement Costs Avoided	Net Additional Cost or Cost Savings
100%	\$2,003,144	\$16,322,919	\$14,319,775 savings
SFY '07 @ 95.61%	2,003,144	15,606,930	13,603,786 savings
90%	2,003,144	14,690,627	12,687,483 savings
80%	2,003,144	13,058,335	11,055,191 savings
70%	2,003,144	11,426,043	9,422,899 savings
60%	2,003,144	9,793,751	7,790,607 savings
50%	2,003,144	8,161,459	6,158,315 savings
40%	2,003,144	6,529,168	4,526,024 savings
30%	2,003,144	4,896,876	2,893,732 savings
20%	2,003,144	3,264,584	1,261,440 savings
12.2719%	2,003,144	2,003,144	0 break even point
10%	2,003,144	1,632,292	<370,852> add'l. cost
0%	2,003,144	0	<2,003,144> add'l. cost

This table is adapted from a method developed by the Center for the Study of Social Policy (CSSP, Working Paper FP-6, 1989).

The two shaded rows of data from Table 20 illustrate that the “fiscal break-even point” for IFPS occurs at about the 12.2719% placement prevention rate, whereas the IFPS program actually performed at a 95.61% placement prevention rate in SFY 2007. This yields a range of

more than 80% (between the 12.2719% “break-even” point and the 95.61% “performance” rate) of children served within which program critics can argue about the cost effectiveness of the program and the cost/benefit produced. However, the data clearly demonstrate that the program is very cost effective.

Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Intensive Family Preservation Services Program

- ◆ Intensive Family Preservation Services are able to improve family functioning in all areas measured by the NCFAS.
- ◆ Some areas of family functioning (e.g., Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being) are more amenable to change during a brief intervention than other areas (e.g., Environment).
- ◆ Family functioning scores on all domains, as measured on the NCFAS, are statistically significantly associated with placement and non-placement at the end of IFPS. This finding supports concurrent validity of the NCFAS.
- ◆ Overall, placement prevention rates appear to be improving over the last ten years, from a high of 13% of families to a low of 5% of families.
- ◆ In addition to placement prevention, IFPS services are statistically significantly associated with reductions in the “level of care” needed among those children *who are placed* at the end of IFPS services.
- ◆ Client follow-up is occurring as required by revised policies and procedures for the IFPS program for just under half (47%) of the families that received IFPS over the last four years. However, the amount of data is still small so the findings from the analyses are suggestive, rather than conclusive.
- ◆ Case activity data from the follow-up contact database mimic those from the former model of retrospective analysis of placements: the largest number of post-IFPS placements appears to be occurring during the first month following IFPS, with a declining number occurring during the subsequent 5 months, and a small remainder occurring during the last six months of the first year following services.
- ◆ Only a small majority of families (51%) appear to be receiving services following their period of IFPS services.
- ◆ During each successive 1-month period, between 8% and 20% of families drop out of the follow-up tracking cohort largely because their child(ren) was placed out of home, they refused to receive further services or to be contacted again in the future, or they move or

cannot be located. The highest attrition occurs at the first month (20%) and 40% of these cases are lost due to child placement.

- ◆ Workers are not as diligent as they should be in reporting the information on families for which there should be follow-up tracking data. Hopefully, the new automated web information system (implemented during SFY 2007) will include the follow-up reporting features in the near future to remedy this under-reporting.
- ◆ The NCFAS data suggest that the majority of families who have received IFPS continue on a modestly “upward” trajectory towards improved family functioning and the majority is at or above the Baseline/Adequate level of functioning.
- ◆ Future analyses of the follow-up data will be more informative about the true nature of the characteristics and needs of families during the follow-up period. Data that are more reliable, as well as larger numbers of families in the database are required to meet statistical assumptions of some types of analyses and to increase confidence in the validity of findings.
- ◆ IFPS program cost analysis indicates that IFPS is a very cost-effective program. It also revealed a very favorable cost/benefit ratio.
- ◆ The number of families served by the IFPS program continues to decline, reaching its present low of 371 families in SFY 2007. Although this decline can likely be attributed to the decline in the statewide allocation for IFPS, this is troubling given the overall strength and efficacy of the program, and in light of the program’s expansion so that it is available in all 100 counties in North Carolina.
- ◆ The proportion of minority children served by the IFPS program has stabilized over the last five years, with 52% of the population in SFY 2007 being African American or other minority races.

APPENDIX A

Provider List for SFY 2006-2007 Intensive Family Preservation Services

Region	Provider	Contact Person	Counties Served
Region 1	Mountain Youth Resources PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, Transylvania
Region 2	Appalachian Family Innovations 204 Avery Ave. Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Avery, Burke, Caldwell, Cleveland, Lincoln, McDowell, Mitchell, Polk, Rutherford, Yancey
Region 2 (subcontract)	Gaston Co. DSS 330 N. Marietta St. Gastonia, NC 28052	Penny Plyler (704) 862-7989 Fax: (704) 862-7885	Gaston
Region 3	Rainbow Center, Inc. 517 Boston Ave. North Wilksboro, NC 28659	Glenda Andrews (336) 667-3333 Fax: (336) 667-0212	Alleghany, Ashe, Watauga, Wilkes, Yadkin
Region 3 (subcontract)	Appalachian Family Innovations 204 Avery Ave. Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Alexander, Iredell
Region 3	Youth Homes 601 East 5 th St. Charlotte, NC 28202	Valerie Iseah (704) 334-9955 Fax: (704) 375-7497	Mecklenburg
Region 3 (subcontract)	Catawba Co. DSS PO Box 669 Newton, NC 28658	Patricia Meredith (828) 261-2517 Fax: (828) 328-4729	Catawba
Region 4	Exchange Club/SCAN 500 West Northwest Blvd. Winston-Salem, NC 27105	Cynthia Napoleon- Hanger (336) 748-9028 Fax: (828) 748-9030	Davie, Forsyth, Rockingham, Stokes, Surry
Region 4 (subcontract)	Youth Opportunities 205 N. Spruce St. Suite #3 Winston-Salem, NC 27101	Robert Beasley (336) 724-1462 Fax: (336) 724-1464	Forsyth
Region 4	Daymark Recovery Services 1190 W. Roosevelt Blvd. Monroe, NC 28110	Kara Kindley (704) 296-6274 Fax: (704) 296-4668	Cabarrus, Davidson, Rowan, Stanly, Union
Region 5	NC Cooperative Extension (Family Connections) 304 South Morgan St. Room 123 Roxboro, NC 27573	April Duckworth (336) 599-1195 Fax: (336) 598-0272	Caswell, Granville, Person, Vance
Region 5	The Family Center in Alamance ¹ 711 Hermitage Rd. Burlington, NC 27215	Sarah Black (336) 438-2072 Fax: (828) 438-2010	Alamance, Orange
Region 5	Family Services of the Piedmont 315 East Washington St. Greensboro, NC 27401	Andrea Huckabee (336) 387-6161 Fax: (336) 387-9167	Anson, Guilford, Montgomery, Randolph

Region	Provider	Contact Person	Counties Served
Region 5 (subcontract)	Youth Focus, Inc. 301 East Washington St. Greensboro, NC 27401	Valerie Jones (336) 333-6853 Fax: (336) 333-6815	Guilford
Region 6	The Family Resource Center of Raleigh, Inc. 1035 Halifax St. Raleigh, NC 27601	Kim Best (919) 834-2136 Fax (919) 834-1377	Chatham, Durham, Franklin, Hoke, Lee, Moore, Richmond, Scotland, Wake
Region 7	Martin County Community Action, Inc. 314 Ray St. Williamston, NC 27895-0806	Tina Garrett (252)792-7111 Fax: (252) 792-1248	Bladen, Brunswick, Columbus, Cumberland, Harnett, New Hanover, Pender, Robeson, Sampson
Region 8	Choanoke Area Development Assoc. PO Box 530 Rich Square, NC 27869-0530	Deborah Tucker (252) 537-9304 Fax: (252) 539-2048	Edgecombe, Halifax, Nash, Warren
Region 8	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax (919) 755-1833	Duplin, Greene, Johnston, Wayne, Wilson
Region 9	Martin County Community Action, Inc. 314 Ray St. Williamston, NC 27895-0806	Tina Garrett (252)792-7111 Fax: (252) 792-1248	Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Pasquotank, Perquimans
Region 9	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax (919) 755-1833	Pitt
Region 9	Choanoke Area Development Assoc. PO Box 530 Rich Square, NC 27869-0530	Deborah Tucker (252) 537-9304 Fax: (252) 539-2048	Northampton
Region 10	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax (919) 755-1833	Beaufort, Cartaret, Craven, Dare, Hyde, Jones, Lenoir, Onslow, Pamlico, Tyrrell, Washington

¹The actual contract for this area was with Exchange SCAN, however they were acting as a fiscal agent only.

APPENDIX B

Program Allocations and Expenditures for SFY 2006-2007 Intensive Family Preservation Programs

Region	Provider	Allocation	Actual Expenditure
Region 1	Mountain Youth Resources	\$ 205,764	\$ 202,069
Region 2	Appalachian Family Innovations	\$ 313,271	\$ 285,702
Region 2	Gaston Co. DSS (subcontract) ¹	\$ 74,715	\$ 68,891
Region 3	Rainbow Center, Inc.	\$ 37,349	\$ 37,349
Region 3	Appalachian Family Innovations ²	\$	\$
Region 3	Youth Homes	\$ 180,373	\$ 151,125
Region 3	Catawba Co. DSS (subcontract) ¹	\$ 50,104	\$ 50,104
Region 4	Exchange Club/SCAN	\$ 101,008	\$ 99,021
Region 4	Daymark Recovery Services	\$ 94,629	\$ 88,341
Region 5	NC Cooperative Extension (Family Connections)	\$ 42,078	\$ 42,078
Region 5	The Family Center in Alamance	\$ 48,259	\$ 46,975
Region 5	Family Services of the Piedmont	\$ 47,617	\$ 47,617
Region 5	Youth Focus, Inc. (subcontract) ¹	\$ 47,617	\$ 42,225
Region 6	The Family Resource Center of Raleigh, Inc.	\$ 246,683	\$ 246,683
Region 7	Martin County Community Action, Inc.	\$ 281,196	\$ 238,794
Region 8	Choanoke Area Development Assoc.	\$ 49,993	\$ 49,393
Region 8	Methodist Home for Children	\$ 137,927	\$ 108,263
Region 9	Martin County Community Action, Inc.	\$ 33,067	\$ 20,576
Region 9	Methodist Home for Children	\$ 43,167	\$ 41,917
Region 9	Choanoke Area Development Assoc.	\$ 4,903	\$ 4,325
Region 10	Methodist Home for Children	\$ 195,144	\$ 131,696
TOTALS		\$ 2,234,864	\$ 2,003,144

¹ Programs designated as subcontracts are subcontracts of the agency listed directly above them. The contract with the Division represents the sum of the allocation of the primary contractor and the subcontract.

² The contract with Appalachian Family Innovations includes services to Region 2 as well as Region 3 and the subcontract with Gaston County DSS. Therefore, Region 2 and 3 expenses were billed together.